



## WHAT TO DO

If your child is missing from home, search

- » closets
- » piles of laundry
- » in and under beds
- » inside large appliances
- » vehicles—including trunks
- » and anywhere else that a child may crawl or hide



Immediately call your local law-enforcement agency and provide them with your up-to-date Child ID Kit.



After you have reported your child missing to law enforcement, call the National Center for Missing & Exploited Children® at 1-800-THE-LOST® (1-800-843-5678).

If your computer is equipped with a microphone and speakers, you may talk to one of our Hotline operators via [www.missingkids.org](http://www.missingkids.org) online.



# KIT



## HOW TO USE THIS KIT

When recovering a missing child, the most important tools for law enforcement are an up-to-date, quality photograph and descriptive information. Complete this Child ID Kit by attaching a recent photograph of your child and listing all identifying and medical information. Update the photograph and information every 6 months, and keep the Kit in a secure, accessible location.



Learn more about this child ID Kit at [www.missingkids.org/childid](http://www.missingkids.org/childid)



The National Center for Missing & Exploited Children  
Charles B. Wang International Children's Building  
699 Prince Street • Alexandria, VA 22314-3175  
[www.missingkids.org](http://www.missingkids.org) • 1-800-THE-LOST®

Right Pinky	Right Ring	Right Middle	Right Index	Right Thumb
Left Pinky	Left Ring	Left Middle	Left Index	Left Thumb

Fingerprints are critical to a complete child identification record and should be taken by trained individuals, such as law-enforcement personnel.

### FINGERPRINTS



Office #: \_\_\_\_\_  
 Allergies/Conditions: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Blood Type: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Home #: \_\_\_\_\_  
 Work #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Home #: \_\_\_\_\_  
 Work #: \_\_\_\_\_

### MEDICAL INFORMATION



Physician's Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 First/Middle Name: \_\_\_\_\_  
 Nickname: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 My child wears or has:  
 Glasses  Contacts  Braces  Birthmarks  Piercings  Tattoos  
 Special Needs: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_

### DISTINGUISHING CHARACTERISTICS



Sex: Female  Male   
 Race/Ethnicity: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_  

Height	Weight	Date

### PHYSICAL CHARACTERISTICS



Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_  
 State/Province/Region: \_\_\_\_\_  
 Country: \_\_\_\_\_

### PERSONAL INFORMATION



Remember to use a high-resolution, head-and-shoulders photo of your child, and update it every 6 months.

**PLACE PHOTO HERE**