



## WHAT TO DO

If your child is missing from home, search through

- » 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.com](http://www.missingkids.com) online.



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




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

## 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.





**PLACE  
PHOTO HERE**

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



## PERSONAL INFORMATION

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

State/Province/Region: \_\_\_\_\_ Country: \_\_\_\_\_



## PHYSICAL CHARACTERISTICS

Sex: Female  Male

Race/Ethnicity: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Height	Weight	Date



## DISTINGUISHING CHARACTERISTICS

My child wears or has:

Glasses  Contacts  Braces  Birthmarks  Piercings  Tattoos

Special Needs: \_\_\_\_\_

Other: \_\_\_\_\_

Last Name: \_\_\_\_\_

First/Middle Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



## MEDICAL INFORMATION

Physician's Name: \_\_\_\_\_



Emergency Contact: \_\_\_\_\_



Emergency Contact: \_\_\_\_\_

Office #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Allergies/Conditions: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Medications: \_\_\_\_\_

Home #: \_\_\_\_\_

Home #: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_



## FINGERPRINTS

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

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