

**DO IT YOURSELF DNA COLLECTION INSTRUCTIONS**

1. Rub a clean cotton swab on inside of cheek until moist
2. Let air dry for twenty-four hours.
3. When dry, place in re-sealable bag and seal bag.
4. Fold and place sealed bag in a second bag and seal.
5. Label with child's name and sample date.
6. Store in a secluded part of your freezer.
7. In a separate re-sealable bag, collect a few strands of your child's hair with roots and follicles intact. Attach it to this profile card.

**Important Phone Numbers**

Police/Sheriff: \_\_\_\_\_  
 School Office: \_\_\_\_\_  
 Doctor/Hospital: \_\_\_\_\_  
 National Center for Missing & Exploited Children  
 www.missingkids.com 1-800-THE LOST

**CHILD PROFILE CARD**

Child's Full Name: \_\_\_\_\_

Race: \_\_\_\_\_ Complexion: \_\_\_\_\_

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

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

Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches Weight: \_\_\_\_\_ Pounds

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

Social Security Number: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Email Used by Child: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Safety Password: \_\_\_\_\_ Choose a secret word or phrase that lets your children know that an adult sent in your place can be trusted

Known Allergies: \_\_\_\_\_

Doctor's Name/Phone: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Pre-existing Conditions: \_\_\_\_\_

Best Friend's Name & Phone: \_\_\_\_\_

Best Friend's Name & Phone: \_\_\_\_\_



Right Thumb	Right Index	Right Middle	Right Ring	Right Pinky	This kit is only a tool. This form cannot and does not guarantee the safety of your child.
Left Thumb	Left Index	Left Middle	Left Ring	Left Pinky	

**CHILD EMERGENCY IDENTIFICATION RECORD**

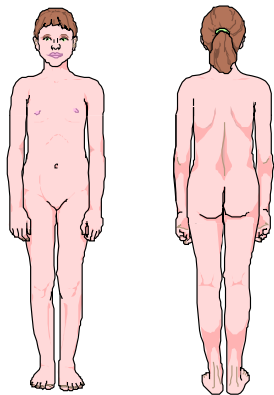
Complete a new profile each year on the child's birthday!

Child's Full Name \_\_\_\_\_

Date Completed \_\_\_\_\_

**IF YOUR CHILD IS MISSING**

1. Act quickly, time is of the essence.
2. Call the police immediately. Don't wait!
3. Show the police this profile card.
4. Alert friends, neighbors, and relatives. Organize a search for your child as quickly as possible.
5. Check your child's favorite play areas.



Indicate any identifying marks such as birth marks, moles, scars or previously broken bones, prosthetics or disabilities.

Piercings: \_\_\_\_\_

Braces: \_\_\_\_\_ Color(s): \_\_\_\_\_

Hearing Aid: \_\_\_\_\_ Type/Brand: \_\_\_\_\_

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

Upper

Lower

Facial

R L

Lingual

R L

Facial

Ask your dentist to fill out this section.

Dentist's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_