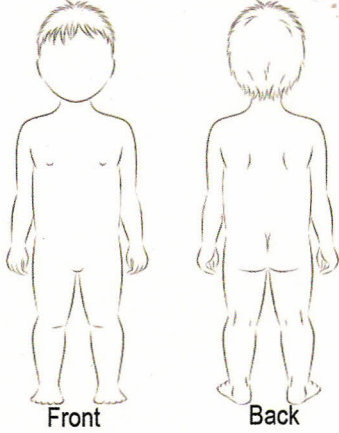


**PHYSICAL DESCRIPTION**

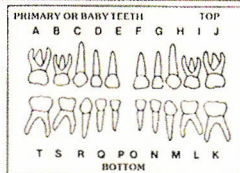
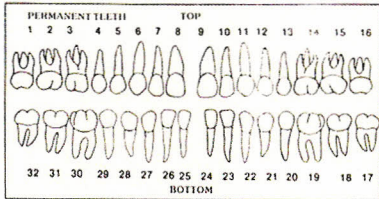
Please use the figure and numbered spaces to record the location and types of any distinguishing birthmarks, moles, scars, previously broken bones and prosthetics.

- 1. \_\_\_\_\_ 6. \_\_\_\_\_
- 2. \_\_\_\_\_ 7. \_\_\_\_\_
- 3. \_\_\_\_\_ 8. \_\_\_\_\_
- 4. \_\_\_\_\_ 9. \_\_\_\_\_
- 5. \_\_\_\_\_ 10. \_\_\_\_\_



**DENTAL IDENTIFICATION CHART**

Note to Parent - Take your child's personal Child Safety Record with you each time he or she visits the dentist to enter the appropriate information on the charts provided.



Dentist's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Dentist's Phone # \_\_\_\_\_

**HOW TO USE INK PAD FOR THUMB AND FOOT PRINT**

Practice on note paper before applying print to graph. The print is acceptable as long as the center of the fingerprint is clear and unsmudged. Do not roll the finger.



1. Place ink pad on flat surface.
2. Hold child's finger rigid, lightly place finger on pad, then lightly apply to chart.
3. On separate sheet, use same technique for complete foot prints including ball of feet.

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Sex \_\_\_\_\_  
 Nickname \_\_\_\_\_ Blood Type \_\_\_\_\_  
 DOB \_\_\_\_\_ Race \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
 (Hospital/Other)  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Attending Physician \_\_\_\_\_

**Physical Features**

Eye Color \_\_\_\_\_ Glasses? \_\_\_\_\_ Contacts? \_\_\_\_\_  
 Hair Color \_\_\_\_\_ May change to \_\_\_\_\_

**Complexion (Circle One)**

- Fair - light    Olive    Light Brown  
 Dark Brown    Albino    Other \_\_\_\_\_

**Attributes and Demeanor (Circle One for Each Description)**

- Slight build    Medium build    Heavy build  
 Outgoing    Average    Shy  
 Very independent    Average    Very dependent  
 Loud    Medium    Soft spoken

Hand Preference \_\_\_\_\_ Able to Swim? \_\_\_\_\_

Bicycle description \_\_\_\_\_

Languages spoken/understood \_\_\_\_\_

Any physical handicaps? \_\_\_\_\_

Has child ever run away for more than 24 hrs? \_\_\_\_\_

School, Relatives, Playmates \_\_\_\_\_

Any additional information (Unusual habits, speech defects, etc.) \_\_\_\_\_

Child's Signature (Printed) \_\_\_\_\_

Child's Signature (Cursive) \_\_\_\_\_

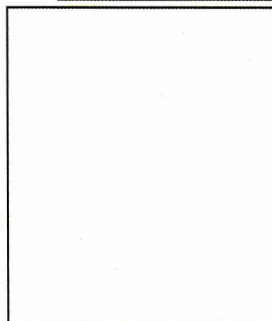
**DNA IDENTIFICATION**

Place child's hair strands below.

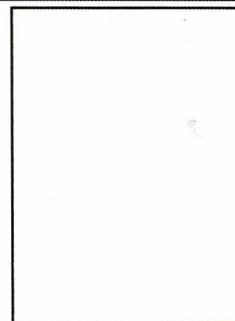
Must have root attached.

Secure with scotch tape.

**DNA ID (HAIR)**



Recent Photo



Right Thumb Print