

Dental Record - Dental chart should be completed by your child's dentist.

Wears Braces: Yes No

	Lower Right	Upper Right		
			32	1
			31	2
			30	3
			29	4
			28	5
			27	6
			26	7
			25	8
			24	9
			23	10
			22	11
			21	12
			20	13
			19	14
			18	15
			17	16
	Lower Left	Upper Left		

Dentist's Name	Telephone	Date Completed

Child Safety Tips

- Never leave a child alone or unattended in a car, public place, or grocery cart.
- Teach children early their full name, address and phone number with area code. Be sure they know the state in which they live.
- Teach children how to use the telephone, how to dial the police (911), and the Operator (0).
- Encourage children to "Buddy-up". There is safety in numbers at a park or store.
- Teach children to look for a policeman or authority figure if they are separated from their parents or get lost.
- Teach children not to answer the door when home alone and not to invite strangers in the home.
- Teach children never to take a ride from strangers or get close to an unfamiliar car.
- Have your child carry a whistle with them and instruct them on how and when to use it.

Contacts - Include name, address and phone (home, work, cell)	
Mother	
Father	
Relatives	
Child's Friends	
Child's School	

ABOUT AIS: Associates Inventory Service helps it's clients document, preserve and protect their personal and small business assets. Call us at (406) 245-3676 or visit www.AssociatesInventory.com for more information.

CHILD ID KIT

Have You Done Yours Yet?

Don't Lose Everything
When You Have Everything to Lose



Your Inventory Specialists

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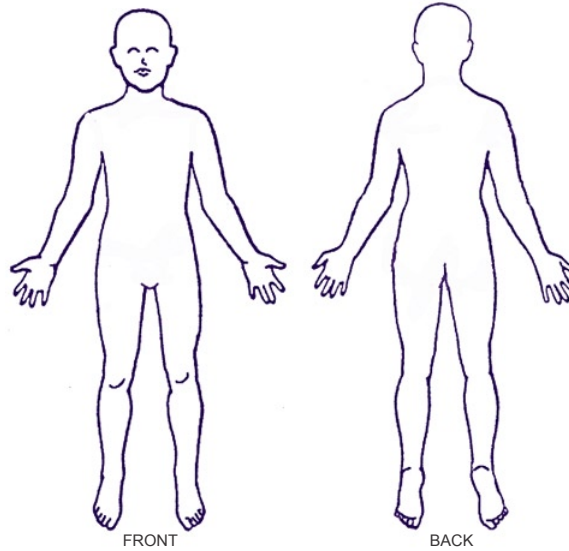
Local Police Phone Number	
Child's Full Name	
Date Completed	

Keep in a safe, easily accessible place
FOR YOUR RECORDS ONLY
Contact Police if your child should disappear
and have this information available.

Photo Here

Place a recent photo here.
UPDATE EVERY 6 MONTHS

Date Photo Taken	Height	Weight



Indicate any identifying features on the picture above & describe here: (scars, tattoos, piercings, moles, etc.):

Additional info: habits, speech, etc.

Child Information		
Full Name		
Nickname		
Address		
Home Phone		
Cell Phone		
Birthdate/Age		
Birthplace		
Sex/Blood type	M	F
Color	Eyes: Glasses: Contacts:	Hair: Style:
Race/Skin Complexion		
Body Build	Slight	Medium Heavy
Personality	Outgoing	Average Shy
	Independent	Average Dependent
	Loud	Medium Soft Spoken
Hand Preference	Left	Right
Languages		
Ability to Swim		

Allergies	
Medication	
Chronic Illness	
Other	
Child's Physician Name & Contact info	

Fingerprint Sample:

Required tools (not supplied): (1) Black Ink Stamp Pad (2) Paper Towels (3) Hand Cleaner.
One at a time, place finger on stamp pad (blot excess ink with paper towel). Turn finger to the left side and place onto proper finger box below. Gently roll finger to the right, keeping good contact without pressing or forcing. Lift the finger straight up when done. Fingerprint ridges should be plainly visible. (Practice on a separate sheet before using the form.)

Right Little		Left Little
Right Ring		Left Ring
Right Middle		Left Middle
Right Index		Left Index
Right Thumb		Left Thumb

DNA Sample:

Method 1	(1) Write child's name and date of sample on a small bag or envelope. (2) Pull 3-4 hairs (with roots) from child's head (or take from brush) and place hair inside envelope. (3) DO NOT LICK the envelope! Your saliva will contaminate the sample. Seal envelope with tape. (4) Place sample with this Child ID Kit (Tape here)
Method 2	(1) Rub a clean cotton tip swab on the inside of the child's cheek until moist with saliva. (2) Let dry for 24 hours, then place in ziplock bag and seal (write name and date on the bag). (3) Place in 2nd ziplock bag and place in freezer.
Method 3	(1) A blood DNA sample can be taken with a cotton swab during minor cuts or scrapes. (2) Use the same procedure as Method 2.
Method 4	(1) A child's tooth can provide a great DNA sample. (2) Use the same procedure as Method 2.

This child's DNA sample is located _____.