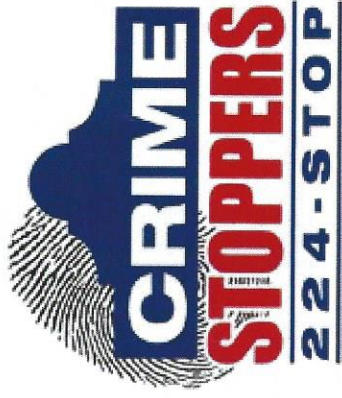


In the event that your child goes missing, be sure to follow these steps, utilizing this Crime Stoppers Child Identification Kit, when searching for your child and contacting law enforcement.

- ✓ Contact your local law enforcement agency as soon as you discover your child is missing or has been abducted.
- ✓ Search for your child anywhere they could potentially hide. This includes (but does not exclude) searching closets, piles of laundry, under beds, inside family owned vehicles, inside of large appliances, or anywhere a child may fit.
- ✓ Restrict access to your home until law enforcement has had an opportunity to conduct a search.
- ✓ Ask the responding officer if a community alert (such as an Amber Alert) has been considered.
- ✓ Obtain the name and contact information for the primary law enforcement officer assigned to your child's case.
- ✓ Provide law enforcement with the following information:
  - The last date and time that your child was seen and the name(s) of the people they were last seen with.
  - This Crime Stoppers Child Identification Kit with up-to-date physical descriptions and an up-to-date photo.
  - General information about you child's health and medical condition.
  - Information regarding the ongoing custody issues, court-ordered visitation conditions recent changes in your child's behavior, and the name(s) of any individuals that have recently shown unusual interest in your child.

This child identification kit is provided for parents or guardians to keep a secure record of their children. It should be kept in a safe place at home with other important documents.

[www.sacrimestoppers.com](http://www.sacrimestoppers.com)



## CHILD IDENTIFICATION KIT



Making San Antonio a safer place to live.

**RECENT PHOTO**  
**FOTOS RECIENTES**

Place Photo Here  
Ponga la Foto Aquí

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

Recuerda usar una foto de alta resolución de la cabeza y los hombros de su hijo, y lo actualizará cada 6 meses.

Last Name  
Apellido

First Name  
Primer Nombre

Nickname  
Apodo

Date of Birth  
Fecha de Nacimiento

**+** **MEDICAL INFORMATION**  
**INFORMACIÓN MEDICO**

Physician's Name  
Nombre de Medico

Office #  
Oficina #

Allergias  
Alergias

Medications  
Medicaciones

Blood Type  
Tipo de Sangre

**👍** **FINGER PRINTS**  
**HUELLAS DACTILARES**

Fingerprints are a critical part of your child's identification record and should be taken by an adult.

Las huellas digitales son una parte crítica del registro de identificación de su hijo y deben ser tomadas por un adulto.

**PERSONAL INFORMATION**  
**INFORMACIÓN PERSONAL**

Address  
La Dirección

City  
Ciudad

State  
Estado

Zip Code  
Código Postal

Country  
País

**PHYSICAL CHARACTERISTICS**  
**CARACTERÍSTICAS FÍSICAS**

Sex  Female/Femenino  
Sexo  Male/Masculino

Race/Ethnicity  
Raza/Etnicidad

Hair Color  
Color de Pelo

Eye Color  
Color de Ojos

Height Altura	Weight Peso	Date Fecha

**DISTINGUISHING CHARACTERISTICS**  
**CARACTERÍSTICAS DISTINTIVAS**

My child wears or has / Mi hijo lleva o tiene

- Glasses/Lentes       Contacts/Contactos       Braces/Aparatos  
 Tattoos/Tatuajes       Piercings/Perforación       Birthmarks/Marca de Nacimiento

**!** **EMERGENCY CONTACT**  
**CONTACTO DE EMERGENCIA**

Name  
Nombre

Name  
Nombre

Relationship  
Relación

Relationship  
Relación

Cell #  
Celular #

Cell #  
Celular #

Home #  
Casa #

Home #  
Casa #

Work #  
Trabajo #

Work #  
Trabajo #

Left Thumb Pulgar Izquierdo	Left Index Índice Izquierdo	Left Middle Medio Izquierdo	Left Ring Anillo Izquierdo	Left Pinky Meñique Izquierdo
Right Thumb Pulgar Derecho	Right Index Índice Derecho	Right Middle Medio Derecho	Right Ring Anillo Derecho	Right Pinky Meñique Derecho