WHAT TO DO

If your child is missing from home, search

- » **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.org** online.

Learn more about this child ID kit at
www.missingkids.org/childid

NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN®

The National Center for Missing & Exploited Children
Charles B. Wang International Children's Building
699 Prince Street • Alexandria, VA 22314-3175
www.missingkids.org • 1-800-THE-LOST®

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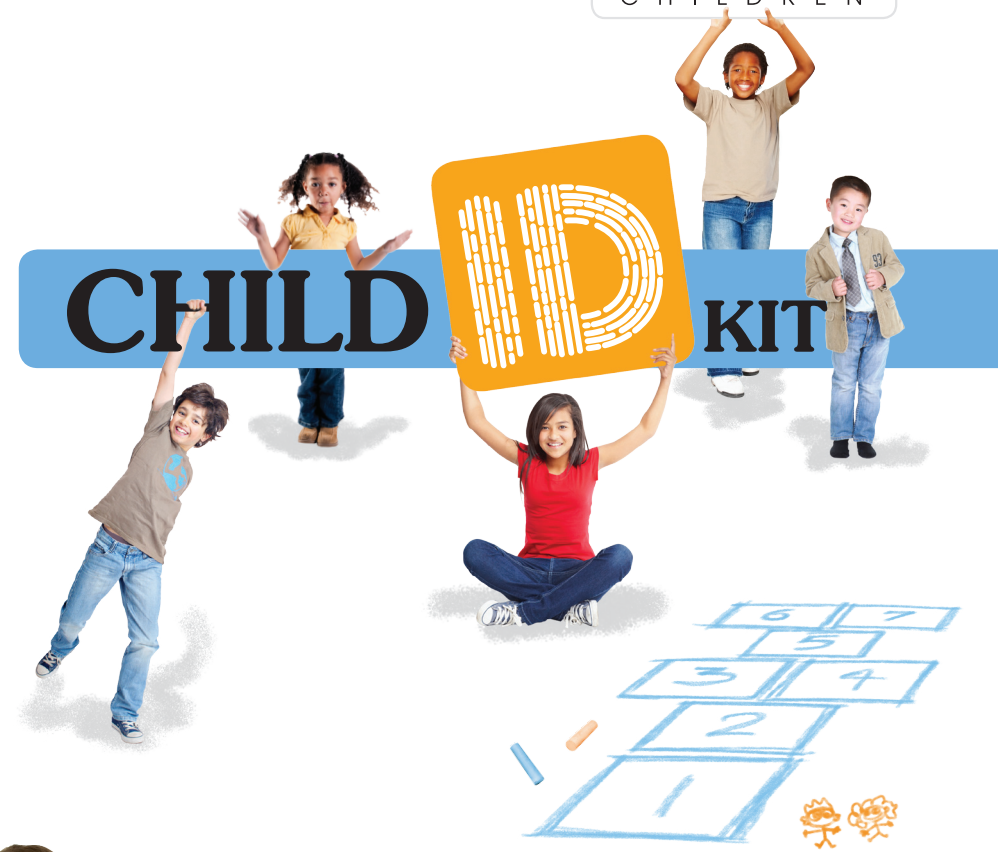
NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN®



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.

Last Name: _____

First/Middle Name: _____

Nickname: _____

Date of Birth: _____

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: _____

MEDICAL INFORMATION

Physician's Name: _____

Office #: _____

Allergies/Conditions: _____

Medications: _____

_____ Blood Type: _____

Emergency Contact: _____

Relationship: _____

Cell #: _____

Home #: _____

Work #: _____

Emergency Contact: _____

Relationship: _____

Cell #: _____

Home #: _____

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