Emergency Telephone Information

Use the following space to fill in your local emergency contact information.

Police Department: _____________________________________________________

Fire Department: _______________________________________________________

Poison Control: ________________________________________________________

Emergency Medical Services: ____________________________________________

Ambulance: ___________________________________________________________

Family Doctor: _________________________________________________________

Emergency Contact (friend, neighbor, relative): ____________________________

Pharmacy: _____________________________________________________________

Babysitter: ____________________________________________________________
Dear Parents:

Before completing this “Child Personal Information and Fingerprint Kit,” I would like to explain to you why we feel it is an important tool to help keep children safe.

Investigators tell us that when a child is missing, time is a crucial ingredient for a prompt and thorough investigation. That is what makes this information kit so valuable to you and your family. When parents realize that a child may be missing, they may be too upset to report the important facts needed to carry out the investigation. This booklet is designed to ensure that biographical information and photographs of a child are available immediately in an emergency situation. The time you take now to enter a child’s data into this booklet may greatly assist law enforcement to respond swiftly in the event that the unthinkable should occur.

As a leading insurer, protection is something we take very seriously. That’s why we’ve teamed up with the New York State Missing and Exploited Children Clearinghouse to provide tools that can help you protect the well-being of your family. This booklet provides important guidelines that all parents should take the time to review with their children. These basic rules of safety are something every child needs to know.

On the following page, you will find simple instructions to help you fill out this kit.

Thank you for taking the time to help keep America’s children safe.

Kishore Ponnavolu
Senior Vice President, MetLife Auto & Home
How to Use this Kit

• Answer all the questions as completely and accurately as possible.

• Remember to periodically update this information. The most current information is the most helpful. Plan to bring it with you to doctor visits.

• Photographs should be updated every six months for children under the age of six, and annually thereafter. School photographs are the best, since they are quality photos which are usually taken yearly. Be sure to include full head-and-shoulder photos.

• Be certain that your family doctor and dentist maintain up-to-date records. If you relocate, take medical records with you.

• Keep this document safe, and in a place where it can be accessed easily. Make a copy and keep it at work or at a relative’s home.

This booklet was originally completed on ________________________
by ______________________________________________________
Safety Tips for You and Your Children

Teach your child:
• His or her name and address and how to write them.
• His or her telephone number (including the area code).
• The telephone number of the local law enforcement agency (or 911 if available) and how to dial it.

Here are some safety topics to discuss with your children. In order to be effective, it is important to reinforce these concepts periodically:
• If you are in a public place and become separated from your parent(s), do not wander around looking for them. Immediately go to a “trustworthy” person (e.g. cashier, security officer) and tell the person that you have lost your parent(s) and need help.
• Never get into a car with someone that you do not know. If a person tries to talk to you from a car, you do not need to go near the car to answer.
• If someone follows you on foot or in a car, run away to a safe place. A safe place is the home of a neighbor, friend or relative; a store; or any place where there are other people. A safe place is not normally a wooded area, a pile of leaves, an unoccupied automobile or an abandoned building.
• Do not go anywhere with any person unless you have obtained permission from your parents or the adult responsible for you. You should not go anywhere with a person who tells you that your parents are in trouble and he or she will take you to them. Run away and tell an adult.
• If someone tries to take you somewhere, quickly get away and yell, “This person is trying to take me away.” Say No, Then Go and Tell.
• Always ask permission from a parent or other person in charge (e.g., babysitter, teacher) to leave the yard or play area or to go into someone’s home.
• No one should touch you, nor should you touch anyone else on parts of the body normally covered by a bathing suit. Your body is special and private.
• You can be assertive, and you have the right to say “No” to anyone who tries to take you somewhere, touches you, or makes you feel uncomfortable in any way.

Important Note: A clear, calm, and reasonable message about situations and actions to be concerned about is easier for a child to understand than a particular profile or image of a “stranger.” Often, people who harm children are not strangers—but rather are acquaintances, friends, or relatives.
About You (Parent or Guardian)

Name: Last__________________________ First ___________________ MI _______

Date of Birth: _____ /____ /____ Relationship to Child: _____________________

Street Address: ________________________________________________________

City: ________________________________ State/Zip Code: __________________

Telephone: __________________________ Business: _______________________

Cellular Phone: _______________________ E-mail: _______________________

About Your Child

Name: Last__________________________ First ___________________ MI _______

Nickname: ______________________ Social Security #: _____________________

Date of Birth: ____ /____ /____ Gender (Sex): □ (M) Male   □ (F) Female

Place of Birth: (Municipality/State/Country)_______________________________

________________________________

Race □ (B) Black   □ (W) White   □ (I) American Indian/Alaskan Native
□ (A) Asian/Pacific Islander   □ (L) Latino/Hispanic   □ (O) Other

As your child grows, take his or her measurements at least once each year and record them below:

Date___/___/___ Height (HGT) _________ Ft/in  Weight (WGT) _______Lbs

Date___/___/___ Height (HGT) _________ Ft/in  Weight (WGT) _______Lbs

Date___/___/___ Height (HGT) _________ Ft/in  Weight (WGT) _______Lbs

Date___/___/___ Height (HGT) _________ Ft/in  Weight (WGT) _______Lbs

Date___/___/___ Height (HGT) _________ Ft/in  Weight (WGT) _______Lbs
**About Your Child (continued)**

<table>
<thead>
<tr>
<th>Eye Color (EYE)</th>
<th>Hair Color (HAI)</th>
<th>Skin Complexion (SKN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ (BLK) Black</td>
<td>□ (BLK) Black</td>
<td>□ (DRK) Dark</td>
</tr>
<tr>
<td>□ (BLU) Blue</td>
<td>□ (BLN) Blond/Strawberry</td>
<td>□ (MED) Medium</td>
</tr>
<tr>
<td>□ (BRO) Brown</td>
<td>□ (BRO) Brown</td>
<td>□ (LGT) Light</td>
</tr>
<tr>
<td>□ (GRY) Gray</td>
<td>□ (GRY) Gray</td>
<td>□ (RED) Red/Auburn</td>
</tr>
<tr>
<td>□ (GRN) Green</td>
<td>□ (RED) Red/Auburn</td>
<td>□ (YEL) Yellow</td>
</tr>
<tr>
<td>□ (HAZ) Hazel</td>
<td>□ (SDY) Sandy</td>
<td>□ (RUD) Ruddy</td>
</tr>
<tr>
<td>□ (MAR) Maroon</td>
<td>□ (WHI) White</td>
<td></td>
</tr>
<tr>
<td>□ (MUL) Multicolor</td>
<td>□ (GRN) Green</td>
<td></td>
</tr>
<tr>
<td>□ (PNK) Pink</td>
<td>□ (ONG) Orange</td>
<td></td>
</tr>
<tr>
<td>□ (XXX) Unknown</td>
<td>□ (PLE) Purple</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ (PNK) Pink</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ (BLU) Blue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ (XXX) Bald or Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Blood Type (BLT)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ (APOS) A Positive</td>
<td>□ (ANEG) A Negative</td>
</tr>
<tr>
<td>□ (ABPOS) AB Positive</td>
<td>□ (ABNEG) AB Negative</td>
</tr>
<tr>
<td>□ (BPOS) B Positive</td>
<td>□ (BNEG) B Negative</td>
</tr>
<tr>
<td>□ (OPOS) O Positive</td>
<td>□ (ONEG) O Negative</td>
</tr>
<tr>
<td>□ (UNKWN) Unknown</td>
<td>□ (AUNK) A/RH Unknown</td>
</tr>
<tr>
<td>□ (ABUNK) AB/RH Unknown</td>
<td>□ (BUNK) B/RH Unknown</td>
</tr>
<tr>
<td>□ (OUNK) O/RH Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foot Prints Available (FPA)</th>
<th>Body X-Rays Available (BXR)</th>
<th>Circumcision (CRC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ (Y) Yes □ (N) No</td>
<td>□ (F) Full body x-rays □ (P) Partial body x-rays □ (N) Not Available</td>
<td>□ (C) Circumcised □ (N) Not circumcised □ (U) Unknown □ Not Applicable</td>
</tr>
</tbody>
</table>

**Glasses (SMT/Glasses)**

<table>
<thead>
<tr>
<th>Glasses (SMT/Glasses)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ (Y) Yes □ (N) No</td>
<td></td>
</tr>
</tbody>
</table>

**Scars, Marks, Tattoos or Medical Conditions (SMT)** – Describe and include location of all scars, marks and tattoos. List by name all medical conditions and required medications.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

5
Commonly worn jewelry type (JWT) and location of jewelry (JWL) - Describe where worn:

_______________________________________________________________________

_______________________________________________________________________

School Name and Address: ______________________________________________

_______________________________________________________________________

Mother’s Name (Including Maiden) and Father’s Name: ____________________

_______________________________________________________________________

Physician: Name, Address and Telephone #:_______________________________

_______________________________________________________________________

Dentist: Name, Address and Telephone #:_________________________________

_______________________________________________________________________

Other Notes: ___________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Note: It is desirable to keep dental impressions, a DNA sample and a “scent article.”

Dental impressions can be made on a small piece of unused styrofoam. Since children’s
tooth impressions change frequently, they should be redone periodically (e.g., every 6 months.)
You can place the impression in a “zip lock” type plastic bag.

A sample of your child’s hair (preferably with root attached), a baby tooth or a cotton swab
containing saliva taken from the cheek area of the child’s mouth are useful if DNA comparison
becomes necessary. Each sample should be dried and placed in a paper envelope (do not lick to seal).

The scent article can be any piece of clothing that a child has worn (preferably for a day). It must not be washed and never handled by anyone other than the child. Place each scent article in a separate “zip lock” type plastic bag. The success of a search by trained dogs is directly linked to the quality of the scent of the article.

Each bag and envelope should be clearly marked with the child’s name and date of collection, and kept with this booklet.
Photographs

Use this page for photographs. School photographs are best. If possible, include full frontal and side photographs including the shoulders. Record the date of the photograph and the age of the child in each photograph.
<table>
<thead>
<tr>
<th>1. Right Thumb</th>
<th>2. Right Index</th>
<th>3. Right Middle</th>
<th>4. Right Ring</th>
<th>5. Right Little</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Left Thumb</td>
<td>2. Left Index</td>
<td>3. Left Middle</td>
<td>4. Left Ring</td>
<td>5. Left Little</td>
</tr>
</tbody>
</table>

Right Four Fingers Taken Simultaneously

Left Four Fingers Taken Simultaneously
MetLife has a long-standing interest in child safety. Since 1999, MetLife Auto & Home has been partnering with agents and producers in cities and towns across the country to offer free child safety clinics, where parents and guardians can get free copies of *All About Me*, have their children professionally printed, and talk about keeping kids safe with members of local law enforcement. Every year, MetLife helps put together hundreds of clinics, resulting in thousands of children being professionally fingerprinted. For additional information on MetLife’s child safety clinics, write to allaboutme@metlife.com.
If you would like more information, contact:

**NYS Division of Criminal Justice Services**
**Missing and Exploited Children Clearinghouse**
4 Tower Place
Albany, NY 12203

1-800-FIND-KID (518) 457-6326
www.criminaljustice.state.ny.us

Missing child photographs and biographical information and additional child safety information can be viewed on our website.

This booklet was produced as a result of a partnership between

NEW YORK STATE
MISSING &
EXPLOITED
CHILDREN
CLEARINGHOUSE

and

MetLife Auto & Home

Special thanks go to the Columbia County (New York) Sheriff’s Department.