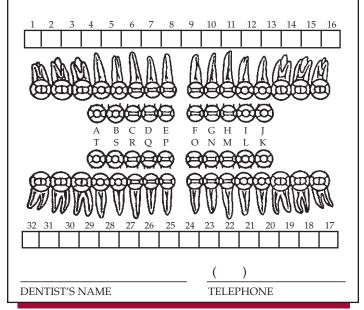
#### **INSTRUCTIONS**

- 1. Clearly print your child's full name and date completed on the front cover. Due to changes in physical characteristics throughout your child's growth, we recommend updating records annually.
- 2. Attach a recent photograph of your child, preferably a front shot of their head and shoulders.
- 3. Attach strands of your child's hair as a DNA sample.
- 4. Enter all applicable identification information into the spaces provided.
- 5. Fingerprint your child using an ink strip. (See fingerprinting instructions on fingerprinting panel).
- 6. Allow ink to dry taking caution not to smear.
- 7. Dental chart should be completed by your child's dentist at your next visit.
- 8. Store in a safe, accessible place for your records only.
- 9. Talk with your child about safety often. Make sure they know their complete name, address and telephone number including area code.

DENTAL INFORMATION—TO BE COMPLETED BY YOUR CHILD'S DENTIST



## PHYSICAL INFORMATION HAIR COLOR EYE COLOR **RACE** YES NO **BRACES** GLASSES HEIGHT WEIGHT INDICATE ANY IDENTIFYING MARKS ON THE PICTURES AND SPACES ABOVE (Birthmarks, Scars, Moles, Broken Bones, Prosthetics, Etc.)



IMPORTANT INFORMATION EVERY PARENT SHOULD HAVE

#### **CHILD'S FULL NAME**

## KEEP THIS IN A SAFE, ACCESSIBLE PLACE FOR YOUR RECORDS ONLY

Provided as a public service by

### SENATOR WAYNE D. FONTANA

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E-MAIL: fontana@pasenate.com • WEB SITE: www.senatorfontana.com

DATE OF PHOTOGRAPH:/_/
ATTACH A RECENT PHOTOGRAPH HERE
MEDICAL INFORMATION
BLOOD TYPE PLACE OF BIRTH
MEDICATIONS CHRONIC ILLNESSES
ALLERGIES
DOCTOR'S NAME  ( ) TELEPHONE

PERSONAL INFORMATION		
LAST NAME	FIRST NAME MI	
SOCIAL SECURITY # DA	/ / ATE OF BIRTH AGE MALE □ FEMALE □	
STREET ADDRESS		
CITY	STATE ZIP	
( ) HOME TELEPHONE	CHILD'S NICKNAMES	
CHILD'S FRIENDS		
MOTHER'S NAME	( ) TELEPHONE	
FATHER'S NAME	( ) TELEPHONE	
NEAREST RELATIVE	( ) TELEPHONE	
ATTACH SEVERAL STRANDS OF HAIR WITH ROOTS AND FOLLICLES INTACT		

# INSTRUCTIONS

Although ink strips are nontoxic, keep out of reach of children. Place ink strip on a flat surface, ink side up. Roll your child's finger on the strip, starting from one side and rolling to the other (if possible). Apply to chart below in the same manner. Use soap and water to remove ink from fingers.

LEFT LITTLE RIGHT RING LEFT RING LEFT MIDDLE LEFT INDEX RIGHT THUMB