

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

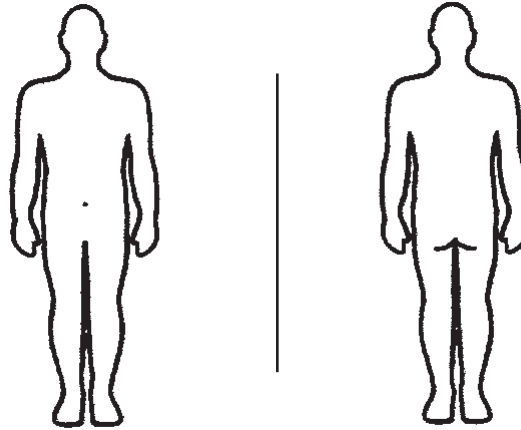
A B C D E F G H I J
 T S R Q P O N M L K

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

_____ ()
 DENTIST'S NAME TELEPHONE

PHYSICAL INFORMATION

HAIR COLOR	EYE COLOR	RACE
HEIGHT	WEIGHT	YES NO BRACES <input type="checkbox"/> <input type="checkbox"/> GLASSES <input type="checkbox"/> <input type="checkbox"/>



INDICATE ANY IDENTIFYING MARKS ON
 THE PICTURES AND SPACES ABOVE
(Birthmarks, Scars, Moles, Broken Bones, Prosthetics, Etc.)

CHILD IDENTIFICATION RECORD

*IMPORTANT INFORMATION
EVERY PARENT SHOULD HAVE*

CHILD'S FULL NAME

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

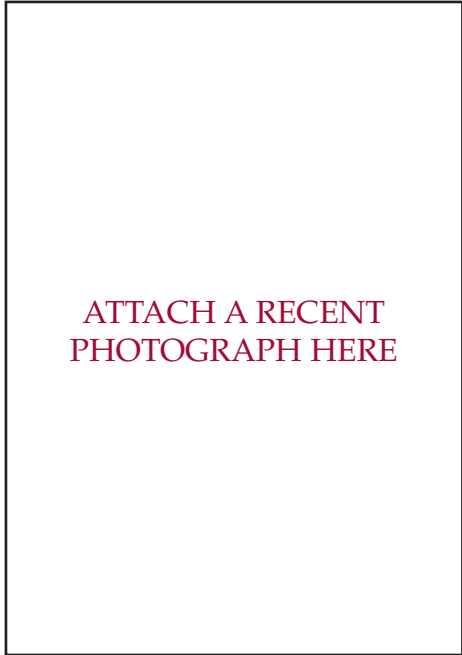
Provided as a public service by
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DATE OF PHOTOGRAPH: ___ / ___ / ___



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 # _____ DATE 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.

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