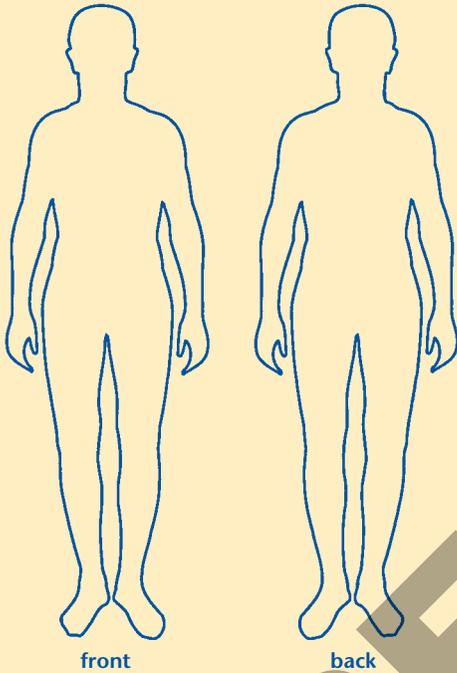


Physical Information

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

BODY CHART

Mark on the front and back of the figures and in the spaces below any identifying marks (birthmarks, scars, moles, broken bones, prosthetics, etc.).



Instructions

1. Print your child's name and the date completed on the front cover. *(Update annually due to changes in your child's growth and physical characteristics.)*
2. Attach a recent photograph of your child in the space provided.
3. Enter in all information in the spaces provided.
4. Attach strands of your child's hair as a DNA sample.
5. Have the dental chart completed by your child's dentist.
6. Using the enclosed ink strip, fingerprint your child.
7. Keep this Identity Card stored in a safe, accessible place.
8. Make sure your child knows his or her complete name, address and telephone number including the area code.

Child Identity Card

**SKILL
BUILDER®**



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and ask for product #PBCP42.

ISBN 1-56230-726-6

Child's Full Name

Date completed _____

Child's Photograph

DATE PHOTOGRAPH TAKEN _____



Personal Information

LAST NAME _____ FIRST NAME _____ MI

DATE OF BIRTH _____ MALE FEMALE

SOCIAL SECURITY # _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE # _____

MOTHER'S NAME _____ TELEPHONE # _____

FATHER'S NAME _____ TELEPHONE # _____

NEAREST OTHER RELATIVE _____ TELEPHONE # _____

CHILD'S NICKNAMES _____

CHILD'S FRIENDS _____

Medical Information

BLOOD TYPE _____

MEDICATIONS _____

CHRONIC ILLNESSES _____

ALLERGIES _____

DOCTOR'S NAME _____ TELEPHONE # _____

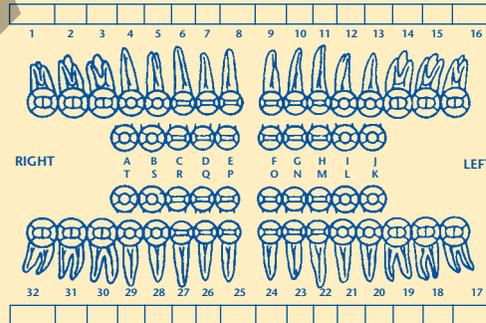


DNA SAMPLE

Attach several strands of hair with roots and bulbs intact.

DENTAL RECORD

Dental information to be completed by child's dentist.



DENTIST'S NAME _____ TELEPHONE # _____

FINGERPRINTS

Separate the two sides of the ink strip and place one half near the edge of a table. Roll each finger and thumb individually across the ink strip. Carefully roll each inked finger or thumb in its designated space on the card. Prints should include the first knuckle and be free of smudges.

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