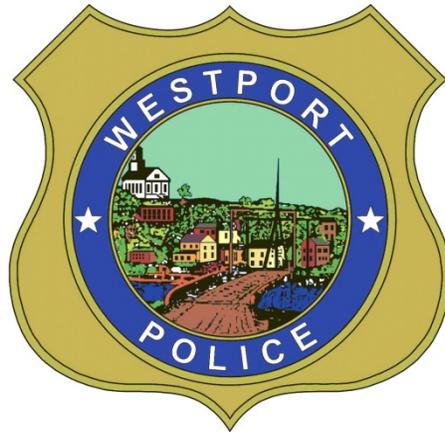


**Connecticut Police Chiefs Association  
Emergency Child Information Packet**



**Fotios Koskinas  
Chief of Police**

This booklet was prepared by the  
Westport Police Department  
50 Jesup Road  
Westport, CT 0688  
203-341-6000

**Child's Name** \_\_\_\_\_

## **Why have this Information Packet?**

In the event of an emergency, you will be better prepared if you have carefully completed this packet. Having your child/ren's information ready and available for police officials will eliminate the need for many questions and help save valuable time in starting the investigation.

### **This packet includes:**

**Photo ID:** The packet includes spaces to keep your child/ren's most recent and past identifying photographs.

**Child Descriptions:** The packet has pages to fill out with the most up to date emergency identification information for your child/ren.

**DNA Identification:** The packet includes a space for your children's hair to be attached for DNA identification purposes.

**Fingerprint Identification:** The packet includes information on why you should get your child/ren fingerprinted and how to do so.

*Each section contains a paragraph explaining the need and importance of that portion.*

### **Child Personal Information Sheet**

The value of ready information means the difference between having an investigator standing still taking down information, or having necessary information handed to them so they can immediately begin the investigation. By completely filling out the personal information, you are creating a tremendous time saving tool.

**Below are some helpful suggestions:**

1. Complete all fields carefully and thoroughly, it will only take a few minutes.
2. Every time you update the photo, write the date, age, weight, and height of your child/ren on the back of the photo.
3. Along with the information requested on the information sheet, you should know where your child/ren's medical and dental records are located.
4. Keep this completed packet in a safe, but easily accessible place.
5. If there is any additional information you feel would be important to an investigation, we encourage you to include it on the back side of this sheet.

## CHILD'S PERSONAL INFORMATION

(Please make a copy of this sheet before filling it out to allow for future updates.  
Or you may always return to this on-line version to fill it out again.)

Full Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_

Birthplace (City, State) \_\_\_\_\_

Race \_\_\_\_\_ Color of Skin \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Blood Type \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Identifying Features/Marks \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Child's Nicknames \_\_\_\_\_

Chronic Illness (Asthma, Diabetes, etc.) \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies (Food, Medicines) \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Doctor (Name) \_\_\_\_\_

## Photo Information Sheet

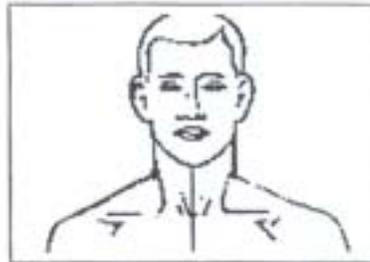
As law enforcement officers, we know that pictures are truly worth a thousand words. Photographs are very important in bringing children home!

A recent picture of your child/ren's facial characteristics is the best pose. A photo of your child should be **UPDATED EVERY FOUR TO SIX MONTHS** and placed in this packet along with their updated height and weight records.

The picture can be any size but must have certain poses for viewing purposes. The picture must have a clear crisp shot of your child/ren's facial features. It is recommended that you take the picture with a 35mm or Polaroid camera for the best quality picture. Digital cameras are acceptable only if there is no distortion with the image. Also, digital pictures must be printed, as well as, on a disk. The two images below are acceptable poses for identification purposes. Be sure to include clothed full body poses in your pictures as well



Head and shoulder



Head shot

## DNA Identification

To collect a hair sample simply brush or comb your child's hair and use the remaining hair from the brush/comb. The root of the hair contains the DNA information. The hair sample **MUST** contain the root or follicle of the hair. After the hair has been collected, place the sample in a plain white piece of paper and then put it in a plastic baggie and tape it to the space below.

Attach hair sample here:      Name: \_\_\_\_\_ Date Collected: \_\_\_\_\_

## Fingerprint Identification

Fingerprint Identification is a very useful tool in the identification of your child. A good fingerprint can be taken of a child beginning at the age of ten~ Prior to the age of ten, children may have stitches, their fingers may be wet from finger sucking, or print lines may not be fully developed. In order to get fingerprints taken, call either your local police department, or your local state, police troop to schedule a time. Good fingerprints of your child only need to be taken once, but they must be taken and stored correctly in order to be useful for identification purposes.

# PHONE NUMBERS

(Relatives, Friends, School Friends, Neighbors, Etc.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## **Eight Rules for Safety**

1. Before I go anywhere, I always check first with my parents.
2. I first check for my parent's permission before getting into a car, or leaving with anyone.
3. It is safer for me to be with other people. I always use the "buddy system".
4. I say "No" if someone tries to touch me in ways that make me feel frightened, uncomfortable, or confused.
5. I know it is not my fault if someone touches me in a way that is not OK. I don't have to keep secrets about those touches.
6. I trust my feelings and talk to grown-ups about my problems. I am not alone.
7. It's never too late to ask for help.
8. I am a special person and I deserve to feel safe.