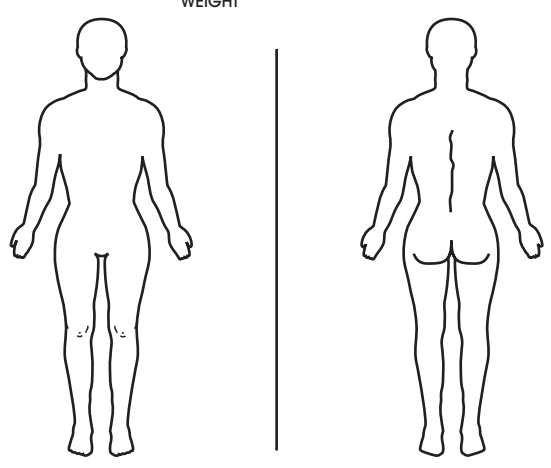



Outside

Actual size
Width: 11 in.
Height: 5.625 in.

CID-EN Child ID KIT

- Bleed Line (1/8" offset from Die Line)
- Die Line (represents actual cut product)
- - - - - Live Area (3/16" inset from Die Line)
- . - . - . Fold

PERSONAL INFORMATION	PHYSICAL INFORMATION	
<p>LAST NAME _____ FIRST NAME _____ M.I. _____</p> <p>[] MALE</p> <p>SOCIAL SECURITY # _____ DATE OF BIRTH ____/____/____ AGE _____ [] FEMALE</p> <p>STREET ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>() _____</p> <p>HOME TELEPHONE _____ CHILD'S NICKNAMES _____</p> <p>CHILD'S FRIENDS _____</p> <p>MOTHER'S NAME _____ () TELEPHONE _____</p> <p>FATHER'S NAME _____ () TELEPHONE _____</p> <p>NEAR RELATIVE _____ () TELEPHONE _____</p>	<p>HAIR COLOR _____ EYE COLOR _____ RACE _____</p> <p>BRACES YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>GLASSES YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>HEIGHT _____ WEIGHT _____ LBS. _____</p> <div style="text-align: center;">  </div>	<div style="text-align: center; color: #0070C0; font-size: 24px; font-weight: bold;">Children Identification</div> <div style="text-align: center; margin-top: 10px;">  </div> <hr style="border: 1px solid black;"/> <p style="text-align: center; font-size: 12px;">CHILD'S FULL NAME</p> <div style="background-color: #0070C0; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 14px;">KEEP IN A SAFE & ACCESSIBLE PLACE</div>
<p>Attach DNA HAIR SAMPLE Here</p> <p style="font-size: 10px;">ATTACH SEVERAL STRANDS OF HAIR WITH ROOTS AND FOLLICLES INTACT</p>	<p>INDICATE ANY IDENTIFYING MARKS ON THE PICTURES AND SPACES ABOVE. (BIRTHMARKS, SCARS, MOLES, BROKEN BONES, ETC.)</p> <hr style="border: 2px solid black;"/> <p style="font-size: 10px;">TO REPORT A MISSING CHILD CALL 1-800-THE-LOST 1-800-843-5678</p> <p style="font-size: 8px;">©2006 LIONCIRCLE</p>	

Please keep all text and graphics inside the Live Area unless the graphic element is intended to bleed. Borders, if included, should bleed outward from the Live Area. Please model spot colors using the Pantone solid coated Matching System. Please submit all Fonts and Links for output with your Final Composite.

See page 2 for Layout of Inside.

Actual size
Width: 11 in.
Height: 5.625 in.

Inside

CID-EN Child ID KIT

- Bleed Line (1/8" offset from Die Line)
- Die Line (represents actual cut product)
- - - - - Live Area (3/16" inset from Die Line)
- · — · — Fold

FINGER PRINTS



Left Little



Left Ring



Left Middle



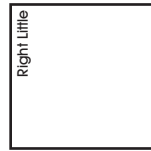
Left Index



Left Thumb

INSTRUCTIONS

1. Pull ink strips apart. Each side is usable for fingerprinting.
2. Gently press area of finger to be printed on ink strip then in correct box on identification card. Start with thumb or pinky and move to the next finger.
3. You may want to try practicing on plain paper a few times. There is enough ink on strip supplied for this.
4. Ink washes off with soap and water.
5. DO NOT put the ink strip or finger with ink on it near the mouth or eye areas.



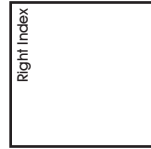
Right Little



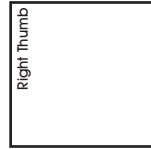
Right Ring



Right Middle



Right Index

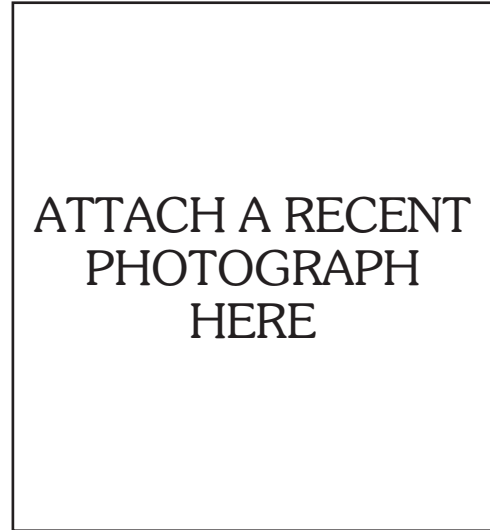


Right Thumb

INSTRUCTIONS

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

Date of Photograph ___ / ___ / ___



MEDICAL INFORMATION

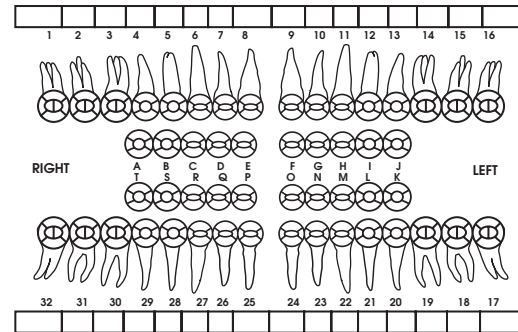
BLOOD TYPE _____ PLACE OF BIRTH _____

MEDICATIONS _____ CHRONIC ILLNESSES _____

ALLERGIES _____

DOCTOR'S NAME _____ TELEPHONE () _____

DENTAL INFORMATION (TO BE COMPLETED BY YOUR CHILD'S DENTIST)



DENTIST'S NAME _____ TELEPHONE () _____