

## 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 |    |    |    | O N M L K |    |    |    | T S R Q P |    |    |    |
|           |    |    |    |           |    |    |    |           |    |    |    |           |    |    |    |
| 32        | 31 | 30 | 29 | 28        | 27 | 26 | 25 | 24        | 23 | 22 | 21 | 20        | 19 | 18 | 17 |
|           |    |    |    |           |    |    |    |           |    |    |    |           |    |    |    |

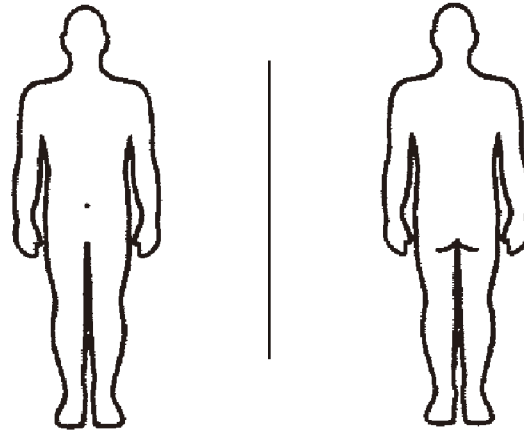
\_\_\_\_\_  
DENTIST'S NAME

( )  
TELEPHONE

## PHYSICAL INFORMATION

HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ RACE \_\_\_\_\_ YES NO  
BRACES    
GLASSES

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 by  
**SENATOR CHRISTINE M. TARTAGLIONE**

### DISTRICT OFFICES

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SenatorTinaTartaglione

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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  |