

HAIR SAMPLE

Place your child's hair sample below. Include 25 to 50 strands, with the root attached. Use a clean hairbrush to collect. Place the hair in a tightly sealed zip lock baggy and tape below without taping over the root.

HAIR SAMPLE

DNA COLLECTION

- Take Q-Tip and rub firmly, but gently, the inside of child's cheek until moist.
- Take Q-Tip and place upright in container allowing the air to circulate around the Q-Tip until it is completely dry.
- Do not touch the Q-Tip and let dry for 24 hours.
- Place inside a zip-lock bag, seal and place in freezer.
- Follow same procedure for blood sample, however, wait until child scrapes or cuts himself/herself before taking sample.
- You may also save baby teeth in same manner.

What to do if your child is missing....

- Call 911 immediately. When law enforcement responds, present the officer with this Child Identification Packet.

SAFETY TIPS FOR PARENTS

- ◆ Keep this document in a safe place easily accessible and update photograph regularly.
- ◆ Maintain current addresses & phone numbers of your children's friends.
- ◆ Know your neighborhood and your neighbors. Show your children the safest places to play and areas to avoid.
- ◆ Teach your children how to use a pay phone without money and how to call 911.
- ◆ Report any suspicious activities to law enforcement.
- ◆ Register for offender e-mail alert notifications with the Florida Department of Law Enforcement at:
www.floridaoffenderalert.com

Sheriff Wendell Hall
Santa Rosa County Sheriff's Office
5755 E. Milton Road
Milton, FL 32572
Phone (850) 983-1100
Website: www.santarosasheriff.org



Sheriff Wendell Hall

CHILD ID KIT

PROVIDED BY:
SANTA ROSA COUNTY
SHERIFF'S OFFICE
5755 E. MILTON ROAD
MILTON, FL 32572
(850) 983-1100
WWW.SANTAROSASHERIFF.ORG

PHOTO RECOMMENDATIONS:

Children under 1 should be photographed every two months. After the 1st year and until age 7, a photograph should be taken every six months. 7 to 18, a yearly photograph is suggested. Updated photos may be placed inside a plastic storage bag with this sheet.

Child's Full Name: _____

Child's Nickname: _____

Date of Birth: _____

SSN: _____ Sex: _____

Height: _____ Weight: _____

Hair Color: _____

Eye Color: _____

Chronic Illnesses, Medications, Allergies:

Blood Type: _____

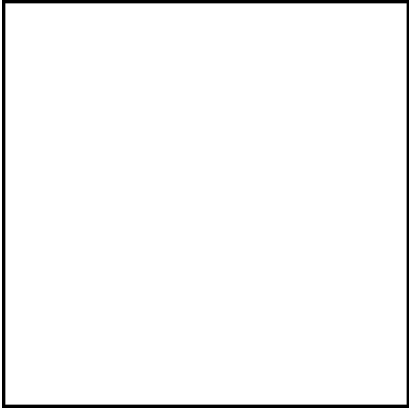
Dr.'s Name & Phone #:

Tape recent photo here.

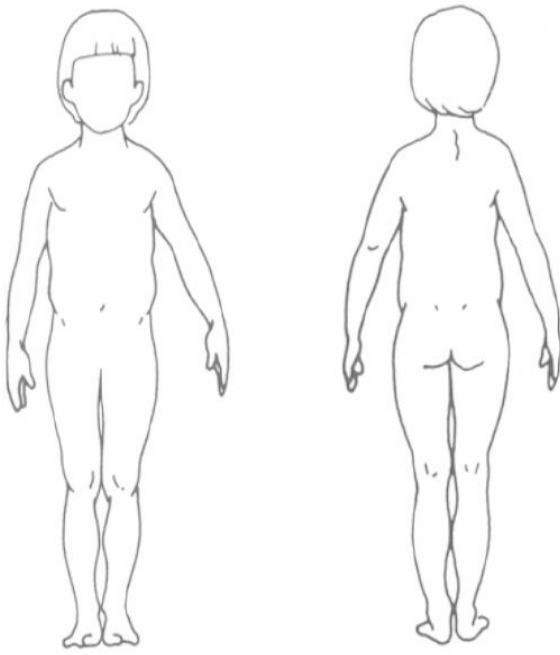
The photo should be a head & shoulders color photo with the face clearly seen. The photo should have a solid, neutral or plain background and contain no other people or animals. Digital photos should be saved with the highest possible resolution.

Date Photo Above Taken:

THUMB PRINT



Press the child's right thumb to an ink-pad and then press firmly inside the square above.



Using the figures above record the location and type of any distinguishing birthmarks, moles, scars, previously broken bones, piercings and prosthetics.

Front	Back
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____