



MEGAN DAHLE

ASSEMBLYWOMAN, 1ST DISTRICT

DISTRICT OFFICE

280 HEMSTED DRIVE, SUITE 110
REDDING, CA 96002
530.223.6300

CAPITOL OFFICE

P.O. BOX 942849
SACRAMENTO, CA 94249-0001
916.319.2001

ASSEMBLYMEMBER.DAHLE@ASSEMBLY.CA.GOV
ASMRC.ORG/DAHLE



HONORED TO SERVE

BUTTE COUNTY, LASSEN COUNTY, MODOC COUNTY,
NEVADA COUNTY, PLACER COUNTY, PLUMAS
COUNTY, SHASTA COUNTY, SIERRA COUNTY,
SISKIYOU COUNTY



YOUR PERSONAL CHILD ID KIT

CALIFORNIA STATE
ASSEMBLY



MEGAN DAHLE

ASSEMBLYWOMAN, 1ST DISTRICT



"HAVING A CHILD DISAPPEAR IS EVERY PARENT'S WORST NIGHTMARE, AND IT HAPPENS MORE OFTEN THAN YOU THINK. FILL OUT THIS KIT TO HELP LAW ENFORCEMENT FIND YOUR CHILD IF HE OR SHE EVER GOES MISSING. IF YOU HAVE ANY IDEAS FOR WAYS THE LEGISLATURE CAN HELP KEEP OUR KIDS SAFE, PLEASE SHARE THEM WITH ME."

Megan Dahle

NAME & PHYSICAL INFORMATION

Last Name First Middle

Nickname(s)

PHYSICAL INFORMATION

Sex

Ethnicity


Height

Weight

Eye Color

Hair Color

Distinguishing Characteristics

2 in. x 2 in.	 ATTACH A CURRENT PHOTO OF YOUR CHILD <i>(make note of when it was taken).</i>

MEDICAL INFORMATION

Blood Type

Allergies (if any)

Medical Conditions (if any)

PHYSICIAN

Name

Address

City/State/Zip

Phone

DENTIST

Name

Address

City/State/Zip

Phone

FINGERPRINT INFORMATION

Fingerprint all your children, no matter their age.

Re-take fingerprints each year until a child turns three.

After age three, you only need to re-fingerprint a child if their prints are damaged.

Left Thumb	Right Thumb
Left Index	Right Index
Left Middle	Right Middle
Left Ring	Right Ring
Left Little	Right Little

Attach a clipping of your child's hair for a DNA sample.

FILL IN THE SPACES TO THE RIGHT WITH YOUR CHILD'S INFORMATION, MAKING SURE TO KEEP IT UPDATED AS HE OR SHE GROWS. STORE THIS KIT IN A SAFE PLACE, WHERE YOU'LL HAVE EASY ACCESS TO IT IF YOUR CHILD EVER GOES MISSING.

[ASMRC.ORG/DAHLE](http://asmrc.org/DAHLE)