

SAFETY TIPS

- Teach your child their home address and telephone numbers and review this information regularly.
- Explain to your child that strangers are people they do not know. Strangers can be men, women, boys, girls, and even babies. Of course, not all strangers are bad, but it is difficult, if not impossible to determine a good stranger from a bad one. Remind your child that they should not take walks or rides with a stranger, and they should not accept gifts, candy, or food from people that they do not know.
- Parents should not overlook the possibility of molestation or abduction by known persons. Encourage your child to talk about their feelings, and really listen to the child's fears and concerns about people you know.
- As a parent, set good examples for your child by not opening your door to people that you do not know. Use the peephole to preview outside before opening the door. Talk to strangers through a closed, locked door.
- Place 9-1-1 stickers on every telephone in your home. Explain to children that emergencies are situations where someone could get hurt or are already hurt. Your 9-1-1 call is answered by a highly trained person who will assist with police, fire, and medical emergencies.

EMERGENCY NUMBERS

Police, Fire, and Medical Emergencies	9-1-1
Poison Control (Nationwide)	1-800-222-1222
Child Abuse Hotline	1-800-252-5400

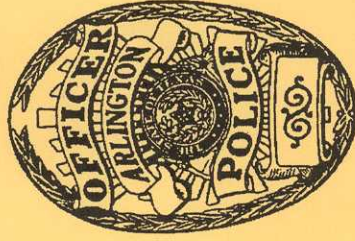
The information provided in this booklet could, in an emergency, prove to be invaluable. Update the information on a yearly basis. Provide this information to others who care for your child. Minors, in the absence of their parent/guardian, must have a medical release prior to receiving medical treatment. Contact your physician for this release.

For additional information contact:

Arlington Police Community Affairs Division at 817-459-5725

ALL ABOUT ME

CHILD IDENTIFICATION BOOKLET



Arlington Police Department

Date

Update This Booklet On An Annual Basis

Identification Data

Child's Name _____ Sex _____

Parent's Name _____

Street Address _____

City/State/Zip _____

Date Of Birth _____ Birthplace _____

Social Security No. _____ Blood Type _____

Eye Color _____ Hair Color _____

Scars, Tattoos, Moles, Birthmarks, Glasses _____

Operations, Illness, Special Conditions, Medications _____

Parent Information

Relative/Friend to Contact

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

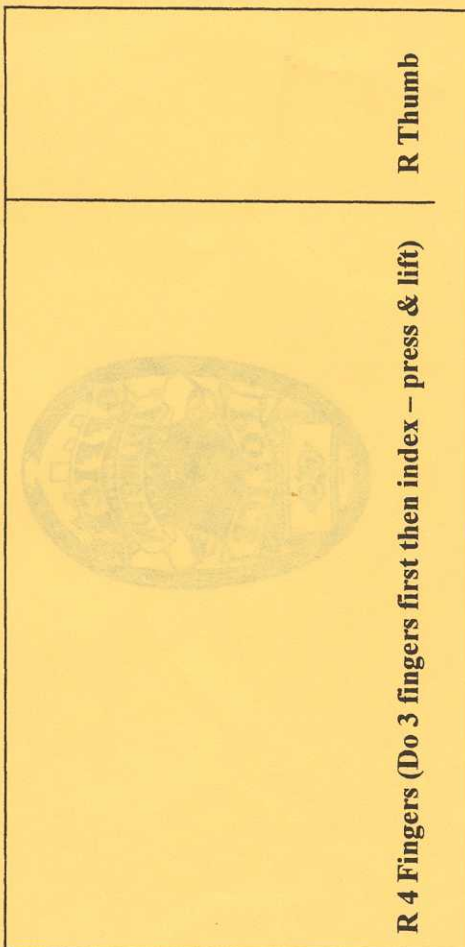
Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Date: _____
 Child's Age: _____
 Height: _____
 Weight: _____

Place Picture
Here:

R Thumb	R Index	R Middle	R Ring	R Little
L Thumb	L Index	L Middle	L Ring	L Little



R 4 Fingers (Do 3 fingers first then index – press & lift) **R Thumb**

L 4 Fingers (Do 3 fingers first then index – press & lift) **L Thumb**