

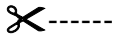
**R**ECOGNIZE – Watch out for people acting creepy, too friendly, strange, or who are trying to be alone with you!

**R**UN – Get away and stay away from creepy people. Go to adults you know trust, and stay with them!

**R**ESIST– Fight back, bite, hit, kick, throw things, and scream for help if anyone tries to grab you or get you alone !

**R**EPORT – Tell your parents, a police officer, or an adult what happened!

<b>BOOKMARK Safety for Kids</b>	<b>BOOKMARK Safety for Kids</b>	<b>BOOKMARK Safety for Kids</b>
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## COMPUTER REMINDER INTERNET SAFETY RULES

There are creeps out on the Internet who will try to be friendly to you, just to hurt you.  
Please follow these simple rules:

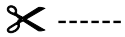
- 1 – Never give anyone on the Internet your whole name, address, E-mail address, or phone number.
- 2 – Never tell someone you meet on the Internet that you will meet them in person – Meeting a stranger is very dangerous!
- 3 – Never send anyone your picture unless it is someone in your family, or someone your parents know.
- 4 – Never let anyone talk sexually with you on the Internet – it could be a creep!

Tell an adult if anyone is acting creepy to you over the Internet and log off immediately!

### CATCH A CREEP

If someone is acting strange, sending you messages or E-mails, asking you to meet them in person, or sending you naked pictures, tell your parents, or call the police while the person is online.

To help police catch the creep, DO NOT delete any E-mails the creep sends you. DO NOT tell the person where you live, or give the person your home address. Save or print out any nasty photographs and E-mails, so that the police have evidence.



\*Note- child ID kits should be updated every 6 months



## CHILD IDENTIFICATION KIT\*

**FULL NAME**

**Nickname**

Address:

City

State

Zip

Home Phone:

Name of School:

Grade:

Address of School:

Date of birth:    /    /

Age:

Hair color:

Eye color:

Weight:

Height:

Physical marks / scars:     Birthmark     Scar     Tattoo     Piercing     Deformity     Other  
Describe in detail (attach photo) \_\_\_\_\_

Medical conditions and medications:

Juvenile Diabetes     Needs insulin injections     Needs insulin orally  
 Needs dialysis \_\_\_\_\_ times per week

Describe conditions / medication names and dosages in detail \_\_\_\_\_

Parent's cell phone:

(    )    -

Name:

Parent's work phone / ext.:

(    )    -

Extension:

Parent's cell phone:

(    )    -

Name:

Parent's work phone / ext.:

(    )    -

Extension:

### FINGERPRINTS

**LEFT HAND**

**RIGHT HAND**

Pinky ←

Middle

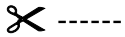
→ Thumb

Thumb ←

Middle

→ Pinky

Place fingerprints here - use a black inkpad, and roll fingers to get a good impression- do not smear.  
Attach a current photograph, or floppy / CD containing digital photograph of the child to this form.  
Attach a small Ziplock™ bag with a lock of child's hair for DNA identification.



\*Note- child ID kits should be updated every 6 months



# CHILD IDENTIFICATION KIT\*

**FULL NAME**

**Nickname**

Address:

City

State

Zip

Home Phone:

Name of School:

Grade:

Address of School:

Date of birth: / /

Age:

Hair color:

Eye color:

Weight:

Height:

Physical marks / scars:  Birthmark  Scar  Tattoo  Piercing  Deformity  Other  
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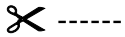
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