

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

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

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

REPORT – Tell your parents, a police officer, or an adult what happened!

BOOKMARK Safety for Kids

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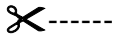
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COMPUTER REMINDER INTERNET SAFETY RULES

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

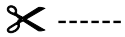
- 1 – Never give anyone on the Internet your whole name, address, E-mail address, or phone number.
- 2 – Never tell someone you meet on the Internet that you will meet them in person – Meeting a stranger is very dangerous!
- 3 – Never send anyone your picture unless it is someone in your family, or someone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

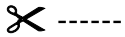
→ Thumb

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.



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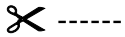
CHILD IDENTIFICATION KIT*

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: <input type="checkbox"/> Birthmark <input type="checkbox"/> Scar <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> Deformity <input type="checkbox"/> Other		
Describe in detail (attach photo) _____		

Medical conditions and medications:		
<input type="checkbox"/> Juvenile Diabetes <input type="checkbox"/> Needs insulin injections <input type="checkbox"/> Needs insulin orally		
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Parent's cell phone:	() -	Name:
Parent's work phone / ext.:	() -	Extension:
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FINGERPRINTS		
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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:

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