



North Reading Police Department



150 Park St. North Reading, Massachusetts 01864
Telephone 978-664-3131 Fax 978-664-3170

Edward W. Nolan
Chief of Police

NRPD Case # _____

North Reading Police department Child Safety ID

The North Reading Police Department has recently developed a Child Safety Id program to help assist parents/caretakers in case of an emergency. This Safety Id is issued with important vital information of your child that will be readily available to you. It also has contact information provided by you in case you are unavailable. We encourage you to fill in as much information as possible to help those who are unfamiliar with your child. Along with this important information we will capture a picture and fingerprint of your child. The North Reading Police Department will only share this information with other agencies only in a case of an emergency. We thank you for helping us provide a service that will assist both you and your child in a time of need.

Below is a sample of what your child's ID will look like.

FRONT

BACK

North Reading Police Department Child Safety ID 		<table border="1"> <tr> <td>Primary Contact</td> <td>Lilly Montana, Mother</td> <td>978-664-1234</td> <td>617-345-4589</td> <td>617-456-8934</td> </tr> <tr> <td>Secondary Contact</td> <td>Jackson Montana, Father</td> <td>617-789-3456</td> <td>781-458-9876</td> <td>800-348-1567</td> </tr> <tr> <td>Alternate</td> <td>Rico Rodriguez, Uncle</td> <td>978-664-2367</td> <td></td> <td></td> </tr> <tr> <td>Alternate</td> <td>Billy Ray Cyrus, Grandfather</td> <td>617-356-9853</td> <td>978-664-1234</td> <td>781-395-1246</td> </tr> <tr> <td>Pediatrician</td> <td>Dr. Seuss</td> <td>800-555-1212</td> <td></td> <td></td> </tr> </table>		Primary Contact	Lilly Montana, Mother	978-664-1234	617-345-4589	617-456-8934	Secondary Contact	Jackson Montana, Father	617-789-3456	781-458-9876	800-348-1567	Alternate	Rico Rodriguez, Uncle	978-664-2367			Alternate	Billy Ray Cyrus, Grandfather	617-356-9853	978-664-1234	781-395-1246	Pediatrician	Dr. Seuss	800-555-1212		
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Pediatrician	Dr. Seuss	800-555-1212																										
Hannah Montana 1 Mickey Mouse Ln. North Reading, MA 01864 <small>Front</small> Date of Birth: 01/01/2001 Height: 4'5" Weight: 50 Eyes: Brown Asthmatic, Peanut Allergy, Uses Inhaler ID issued: 03/01/2009 Emergency Contact: Information on Back				If ID found or additional information needed please contact: North Reading Police Department 150 Park St. North Reading, MA 01864 Dispatch 978-664-3131 Child's Fingerprint on file NRPD Case # 09-1234																								

Please fill out the Form on the reverse side

**North Reading Police Department
Child Safety ID**

Thank you for participating in our Child Safety ID program. This information is vital in locating your child if they become lost or missing. Your cooperation is greatly appreciated.

Please fill out all Mandatory/Pertinent information below for us to process your child's Safety ID.

In order to enter a person into our data system and eliminate duplicate entries a Social Security number is required.

Social Security information WILL NOT APPEAR on ID.

I give the North Reading Police Department permission to Photograph/Fingerprint my child.

Name of Parent/Legal Guardian : _____

Signature of Parent/Legal Guardian : _____ Date: _____

PARENT/LEGAL GUARDIAN INFORMATION: (You will be listed as the Primary Contact)

SOC. SEC. # (MANDATORY) _____/_____/_____ RELATIONSHIP TO CHILD _____

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ D.O.B _____/_____/_____ SEX _____

CELL PHONE _____ HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT INFORMATION: (Please list up to three additional people in the order you would like us to call)

NAME #1 _____ RELATIONSHIP TO CHILD _____

CELL PHONE _____ HOME PHONE _____ WORK PHONE _____

NAME #2 _____ RELATIONSHIP TO CHILD _____

CELL PHONE _____ HOME PHONE _____ WORK PHONE _____

NAME #3 _____ RELATIONSHIP TO CHILD _____

CELL PHONE _____ HOME PHONE _____ WORK PHONE _____

CHILD'S INFORMATION:

SOC. SEC. # (MANDATORY) _____/_____/_____

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ STATE _____ Zip _____

HOME PHONE _____ D.O.B _____/_____/_____ SEX _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

SCARS/BIRTHMARKS _____ ALLERIGES _____

PEDIATRICIAN'S NAME _____ PHONE NUMBER _____

ADDITIONAL IMPORTANT INFORMATION _____

**North Reading Police Department
Child Safety ID
Supplemental Children Sheet**

Please fill out all Mandatory/Pertinent information below for us to process your children's Safety ID.
In order to enter a person into our data system and eliminate duplicate entries a Social Security number is required.
Social Security information WILL NOT APPEAR on ID.

I give the North Reading Police Department permission to Photograph/Fingerprint my children listed below.

Name of Parent/Legal Guardian : _____

Signature of Parent/Legal Guardian : _____ Date: _____

CHILD'S INFORMATION #2:

SOC. SEC. # (MANDATORY) _____/_____/_____

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ STATE _____ Zip _____

HOME PHONE _____ D.O.B _____/_____/_____ SEX _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

SCARS/BIRTHMARKS _____ ALLERIGES _____

PEDIATRICIAN'S NAME _____ PHONE NUMBER _____

ADDITIONAL IMPORTANT INFORMATION _____

CHILD'S INFORMATION #3:

SOC. SEC. # (MANDATORY) _____/_____/_____

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ STATE _____ Zip _____

HOME PHONE _____ D.O.B _____/_____/_____ SEX _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

SCARS/BIRTHMARKS _____ ALLERIGES _____

PEDIATRICIAN'S NAME _____ PHONE NUMBER _____

ADDITIONAL IMPORTANT INFORMATION _____

CHILD'S INFORMATION #4:

SOC. SEC. # (MANDATORY) _____/_____/_____

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ STATE _____ Zip _____

HOME PHONE _____ D.O.B _____/_____/_____ SEX _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

SCARS/BIRTHMARKS _____ ALLERIGES _____

PEDIATRICIAN'S NAME _____ PHONE NUMBER _____

ADDITIONAL IMPORTANT INFORMATION _____