

Atascosa County Child Safe Program



Presented by
Atascosa County
Constable Pct. 4



**John A. Rutherford
Atascosa County Constable Precinct 4
744 Highway 281 South, Pleasanton, TX 78064
Phone 830-569-6614**

Dear Parent or Guardian,

Prevention and Preparation are important steps in protecting our children. This kit is provided to give you the knowledge and tools in not only averting crimes against children, but laying the groundwork for cooperation in case of a missing child.

Included are prevention tips from the National Center on Missing and Exploited Children, a leading organization that works on these issues. In addition, please ensure that all information that you record here— photos, a DNA swab, medical information, distinguishing marks— are updated at least yearly. Keep a separate record for each child and place this information in a safe, 24-hour, easily accessible place should the unthinkable happen. Your recording of this information today will be essential in the recovery and identification of a child.

Let's work together to promote safe and responsible communities!

Sincerely,

John A. Rutherford
Atascosa County Constable Precinct 4

This is not a record maintained by the Constable's Office.

Basic Information

Child's Last Name
Apellido

First Name
Primer Nombre

Middle Name
Segundo Nombre

Address (Domicilio)

Home Telephone Number (Número de Teléfono)
()

Social Security Number: _____
Número de Seguro Social

Date of Birth: _____
Fecha de Nacimiento



Place of Birth: _____
Lugar de Nacimiento

Gender: (Male - Female)
Masculino—Femenino

Race: _____
Raza

Weight: _____
Peso

Height: _____
Estatura

Eyes: _____
Ojos

Hair: _____
Cabello

Basic Information

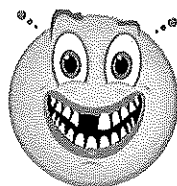
Visible Marks, Scars, Tattoos, Piercings etc. and location.
Marcas visibles, cicatrices, tatuajes, piercings, etc. y ubicación

Medical Information (i.e.: diabetes, missing teeth etc.)
Condición Médica

Blood Type: _____
Tipo de Sangre

Today's Date: _____
Fecha de Hoy

Dental Information



Dentist's Name (Dentista)

Dentist's Address

Dentist's Telephone Number

Additional Information To Aid in Identification

Finger Prints

Left (Izquierdo)

Left Little Finger	Left Ring Finger	Left Middle Finger	Left Fore Finger	Left Thumb

Left
Four Fingers Taken Simultaneously

Left
Thumb

--	--

* Indicate amputated or birth defect in box if applicable

*Indicate amputated or birth defect in box if applicable
 *Indique amputado o defecto congénito en el recuadro, si corresponde.

Child is : Right handed _____
 Niño es Derecho Entregó

Left Handed _____
 Izquierdo Entregó

Date Fingerprinted _____
 Fecha Huellas Dactilares

Finger Prints

Right (Derecho)

	Right Little Finger	Right Ring Finger	Right Middle Finger	Right Fore Finger	Right Thumb
	Right Four Fingers Taken Simultaneously				
	Right Thumb				

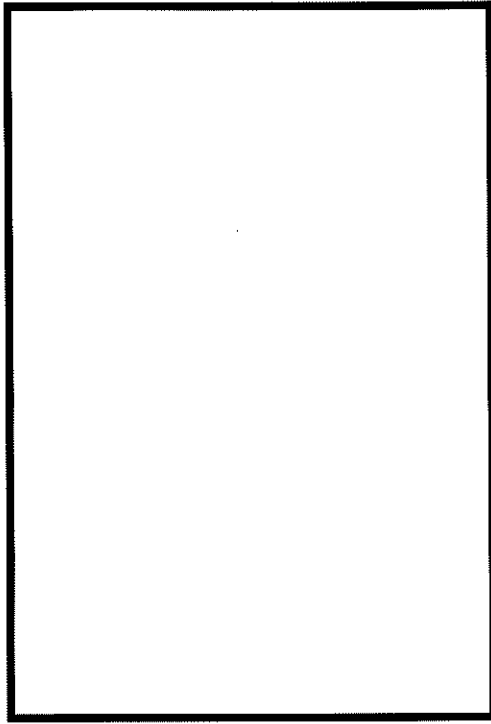
* Indicate amputated or birth defect in box if applicable

*Note: Atascosa County Constable's Office is not responsible for fingerprint quality.
 Nota: La Oficina del Alguacil del Condado de Atascosa no es responsable de la calidad de las huellas dactilares.*

Fingerprints should be updated every few years. While a child's fingerprints never change, their fingers become larger as they grow, making fingerprints easier to read.

Las huellas dactilares deben actualizarse cada pocos años. Si bien las huellas dactilares de un niño nunca cambian, sus dedos se agrandan a medida

Photographs



Date photograph was taken _____

Fecha en que se tomó la fotografía

- Photographs must be at least 2" x 2"
- Las fotografías deben ser al menos 2" X 2"

Parents should update the photographs every year. Take photographs as the child normally looks. For children under the age of 2, the photos should be updated every 4 months.

Los padres deben actualizar las fotografías cada año. Tome fotografías como el niño se ve normalmente. Para los niños menores de 2 años, las fotos deben actualizarse cada 4 meses.

DNA Sample

Parents may also wish to include a swab of the inside of the child's cheek which can be used for DNA testing. To collect the DNA sample, take oral swab or Q-tip and rub the inside of the child's cheek until moist. Place the oral swab in a paper envelope and attach to this page writing the date the sample was taken.

Los padres también pueden desear incluir un hisopo del interior de la mejilla del niño que se puede usar para pruebas de DNA. Para recolectar la muestra de DNA, tome un hisopo oral o Q-tip y frote el interior de la mejilla del niño hasta que esté húmedo. Coloque el hisopo oral en un sobre de papel y adjúntelo a esta página escribiendo la fecha en que se tomó la muestra.

Attach DNA sample here
Adjunte la muestra de DNA aquí.

Basic Information

Child's Last Name
Apellido

First Name
Primer Nombre

Middle Name
Segundo Nombre

Home Address
(Domicilio)

Home Telephone Number ()
(Número de Teléfono)

Weight: _____
Peso

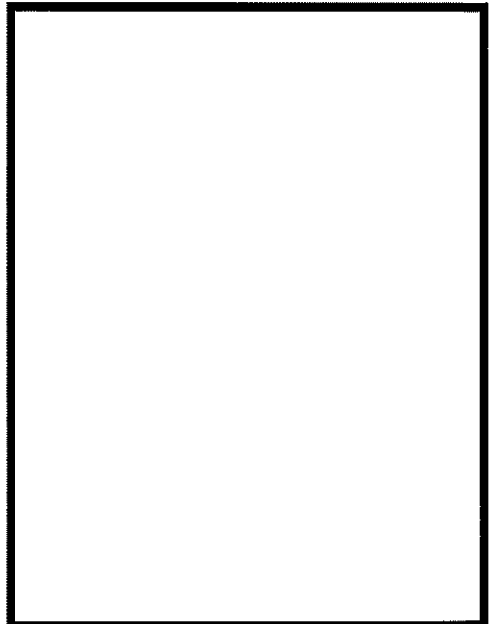
Height: _____
Estatura

Eyes: _____
Ojos

Hair: _____
Cabello

Today's Date:
La fecha de hoy

Date Photograph
was taken:
Fecha en que se tomó la
fotografía



Basic Information

Child's Last Name
Apellido

First Name
Primer Nombre

Middle Name
Segundo Nombre

Home Address
(Domicilio)

Home Telephone Number ()
(Número de Teléfono)

Weight: _____
Peso

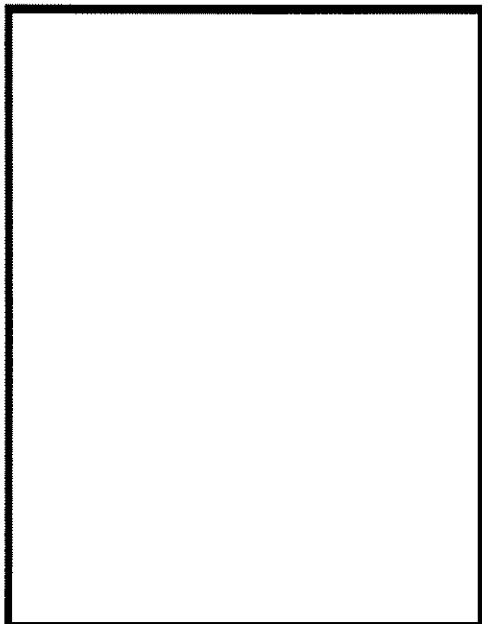
Height: _____
Estatura

Eyes: _____
Ojos

Hair: _____
Cabello

Today's Date:
La fecha de hoy

Date Photograph
was taken:
Fecha en que se tomó la
fotografía



Basic Information

Child's Last Name
Apellido

First Name
Primer Nombre

Middle Name
Segundo Nombre

Home Address
(Domicilio)

Home Telephone Number ()
(Número de Teléfono)

Weight: _____
Peso

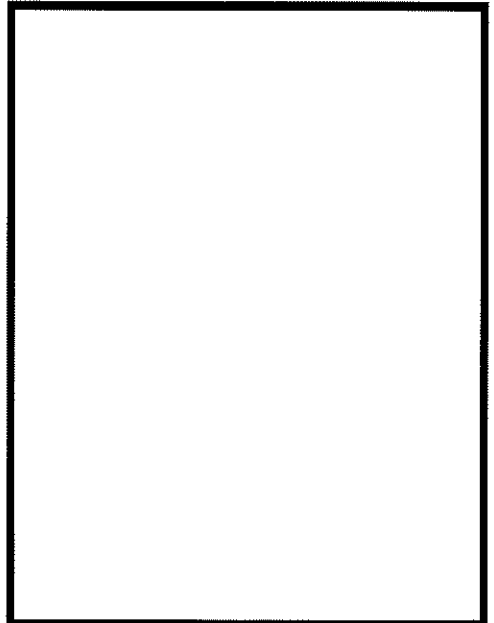
Height: _____
Estatura

Eyes: _____
Ojos

Hair: _____
Cabello

Today's Date:
La fecha de hoy

Date Photograph
was taken:
Fecha en que se tomó la
fotografía



Basic Information

Child's Last Name
Apellido

First Name
Primer Nombre

Middle Name
Segundo Nombre

Home Address
(Domicilio)

Home Telephone Number ()
(Número de Teléfono)

Weight: _____
Peso

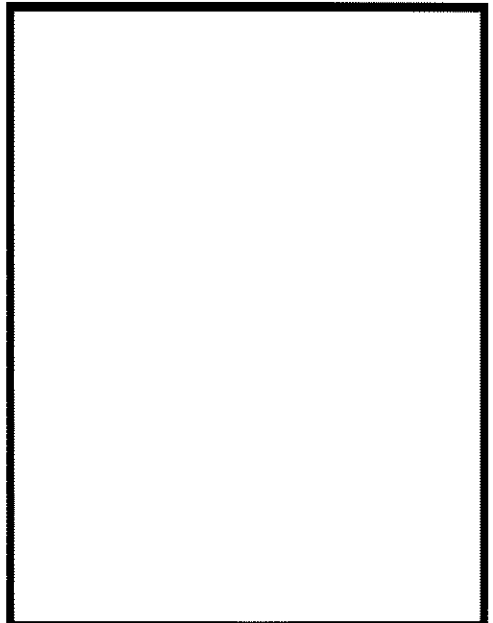
Height: _____
Estatura

Eyes: _____
Ojos

Hair: _____
Cabello

Today's Date:
La fecha de hoy

Date Photograph
was taken:
Fecha en que se tomó la
fotografía



EMERGENCY PHONE NUMBERS:

EMERGENCY 9-1-1

**POISON CONTROL
1-800-222-1222**

**ATASCOSA COUNTY SHERIFF'S OFFICE
830-769-3434**

**PLEASANTON POLICE DEPARTMENT
830-569-3869**

**SAFER PATH FAMILY VIOLENCE
830-569-2001**

KIDSMARTZ.ORG

**SAFETY TIPS TO INFORM CHILDREN ABOUT
ABDUCTION, TRUSTED ADULTS AND MORE!**

Printing by

