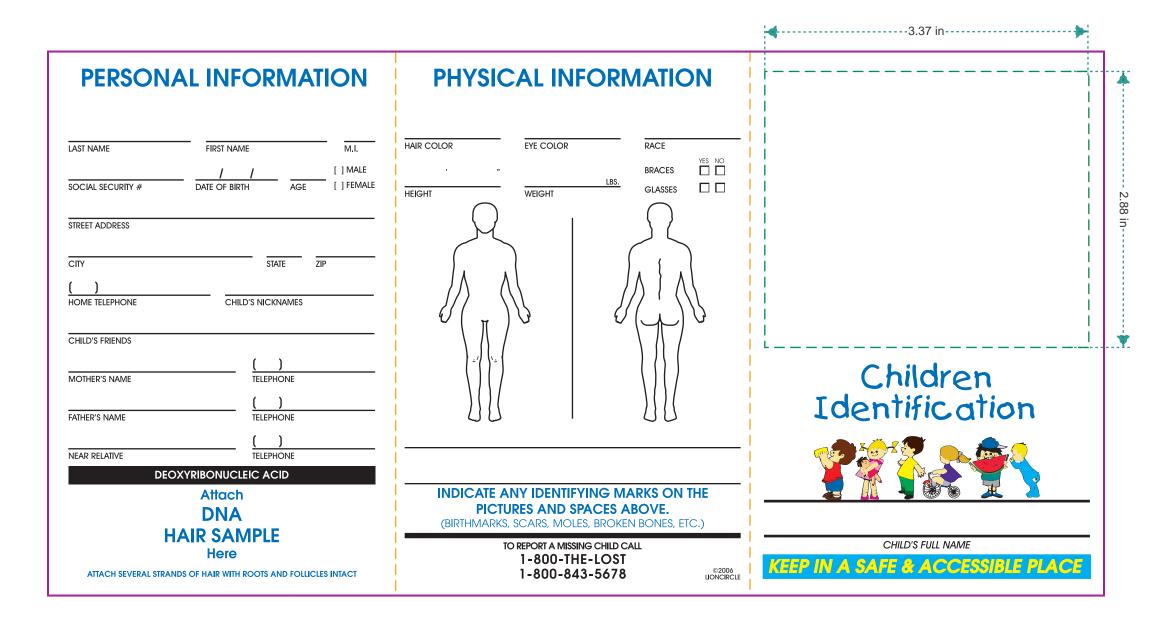
**Die Line** (represents actual cut product) **Live Area** (3/16" inset from Die Line) **Fold Line** 



## Inside Preprinted

**INSTRUCTIONS FINGER PRINTS** Date of Photograph \_\_\_\_/ Clearly print your child's full name and the date completed on the front cover. Due to changes in physical characteristics throughout your child's growth, we recommend updating kits annually. 2. Attach a recent photograph of your child, preferably a front shot of their head and shoulders. Enter all applicable identification information into the sp provided. ATTACH A RECENT Fingerprint your child using the attached ink strip. PHOTOGRAPH INSTRUCTIONS 5. Allow ink to dry, taking caution not to smear Dental chart should be completed by your child's dentist a next visit HERE Pull ink strips apart. Each side is usable for fingerprinting. . Store in a safe, accessible place for your records only. ted on ink strip then in corre Talk with your child about safety often. Make sure they knu their complete name, address and phone number including area code. printed on ink strip then in correct box on identification card. Start with thumb or pinky and move to the next finger. i may want to try practicing on in paper a few times. There is ough ink on strip supplied for th DENITAL INFORMATION (TO BE COMPLETED B **MEDICAL INFORMATION** vashes off with soap and wate DO NOT put the ink strip or finger with ink on it near the mouth or eye BLOOD TYPE PLACE OF BIRTH 000000 000000 aaaaa eeeee YYYYYY ARARA ALLERGIES 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 1 DOCTOR'S NAME DENTIST'S NAM

Please keep all text and graphics inside the Live Area. Please model spot colors using the Pantone solid coated Matching System Please submit all Fonts and Links for output with your Final Composite.