EZ Child ID .com
34900 Plymouth Rd
Livonia, MI 48150
PH: 734-838-9800
FX: 734-838-9767

Estimate

Date	Estimate #
11/15/2012	32155

Name / Address

Foley Police Department
200 East Section
Foley, AL 36535

Project

Description	Qty	Cost	Total
EZ CHILD ID COMPLETE SYSTEM TURNKEY PACKAGE - Acer 15" Computer - Biometric Fingerprint Scanner - Logitech Camera - HP Officejet H100 Printer - EZ Child ID Software - EZ Child ID Case - Microphone / Industrial Compact - Keyboard / Retractable Mouse	1	4,999.00	4,999.00
System Supplies 100 CD's / Sleeve's / Paper / Marker / Scale / Custom Pre-Interview Form	1	0.00	0.00
EZ Child ID Custom Height Chart Custom Printed Height Chart / Free Custom Logo Included	1	0.00	0.00
2 Years Free Tech Support	1	0.00	0.00
2 Year Free Software Upgrades	1	0.00	0.00
1 Year Parts and Labor	1	0.00	0.00
Shipping and Insurance	1	0.00	0.00

If you have any questions call us at 734-838-9800
Or email us at sales@ezchildid.com

Total **$4,999.00**

Foley Police Child Safety ID Program

Your Address Here

www.YourWebsite.here

Johnny R Safetykid

Height: 4' 3"
Weight: 65lbs
Glasses: NO
Gender: Male

DOB: 01/01/2001
Hair: Auburn
Eyes: Brown Dark
Race: Caucasian

Allergies: ALLERGIC TO BEES
Marks: Scar on right arm and birth mark on right thigh

Date Photo Taken: June 17th, 2010

Guardian Name:
Bill and Sally Safetykid

Address:
1234 Anywhere Lane
Livonia, MI 48150

Contact#1 ***(123)12301234***
Contact#2 ***(231)231-2235***
Contact#3 ***(222)333-4444***

Fingerprints

R. Thumb | R. Index | R. Middle | R. Ring | R. Little

L. Thumb | L. Index | L. Middle | L. Ring | L. Little

YOUR CO-SPONSOR LOGO HERE

YOUR CO-SPONSOR LOGO HERE

Johnny R Safetykid

1234 Anywhere Lane
Livonia, MI 48150

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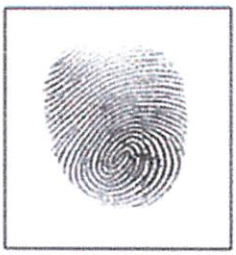
Hair: Auburn Weight: 65lbs
Eyes: Brown Dark Glasses: NO
Race: Caucasian Gender: M

ALLERGIC TO BEES
Scar on right arm and birth mark on right thigh

Guardian: ***Bill and Sally Safetykid***

PH#1 (123)12301234 PH#2 (231)231-2235 PH#3: (222)333-4444

Right Thumbprint



Date Created: June 17, 2010

In the event that your Loved one is missing or lost: CALL 911

Provided By:

www.YourWebsite.here

Johnny R Safetykid

1234 Anywhere Lane
Livonia, MI 48150

DOB: 01/01/2001 Height: 4' 3"
Hair: Auburn Weight: 65lbs
Eyes: Brown Dark Glasses: NO
Race: Caucasian Gender: M

ALLERGIC TO BEES
Scar on right arm and birth mark on right thigh

Guardian: ***Bill and Sally Safetykid***

PH#1 (123)12301234 PH#2 (231)231-2235 PH#3: (222)333-4444

Right Thumbprint

Date Created: June 17, 2010

In the event that your Loved one is missing or lost: CALL 911

Provided By:

www.YourWebsite.here

Medical Safety ID Program

Created:
July 10, 2010

DOB: 12/12/1966
Hair: Brown
Eyes: Hazel
Race: Caucasian
Phone: (123)-123-1235

Height: 6' 2"
Weight: 250 lbs
Glasses: No
Gender: Male
Blood: O Neg

John M Doe

123 Anywhere Lane Northwest
Redford, MI 48239

Fingerprints:

Important Emergency Medical Information for John M Doe

First 2 names print on photo ID card

Physicians	Office Location	Phone
Dr. Mike Hart	Enterprise Med	(999)-999-0000
Dr. Phill Smith	Chicago Med Ctr	(444)-555-6666
Dr. Sally Ann	Novi Hospital	(777)-444-1111
Dr. Feldman	Crew Clinic	(123)-867-5309

First 3 names print on photo ID card

Emergency Contact	Relationship	Phone
Fred Smith	Neighbor	(123)-123-1234
Bob Barker	Brother	(234)-234-2345
Sally Baker	Cousin	(555)-222-4444
Nancy Drew	Friend	(999)-333-3333

First 5 medications print on photo ID card

Medications	Dosage	Frequency
Neurontin	6 Mg	2X Daily
Asprin	1 Tablet	1X Daily
Protonix	2 Grams	As Needed
Diltiazem	1 Tablet	1X Daily
Acetaminophen	65 Mg	As Needed
Crestor	2 Tablets	1X Daily
Zanaflex	6 Mg	1X Daily
Zithromax	500 Mg	2X Daily
Fish Oil	6 Tablets	Dailey
Coumadin	1Oz	Daily

Information below does not print on photo ID card

Allergies or Other Vital Information:

Allergic to bees and sulfa drugs. Has had a heart attack and a tripple bypass. Showing the beginning signs alzheimer disease.

Medical Information:

Has heart condition and valve replacemnt. Has plastic hip and metal ankle. Can not work or stand for over 3 hours.

Created: 07/10/2010

John M Doe
123 Anywhere Lane Northwest
Redford, MI, 48239

DOB:12/12/1966 Height:6' 2"
Hair:Brown Weight:250 lbs
Eyes:Hazel Glasses:No
Race:Caucasian Gender:M
Phone:(123)-123-1235 Blood:O Neg

Allergies or Other Vital Information:
Allergic to bees and sulfa drugs. Has had a heart attack and a tripple bypass. Showing the beginning signs

Physicians	Office Location	Phone
Dr. Mike Hart	Enterprise Med	(999)-999-0000
Dr. Phill Smith	Chicago Med Ctr	(444)-555-6666

Medications	Dosage	Frequency
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Emergency Contact	Relationship	Phone
Fred Smith	Neighbor	(123)-123-1234
Bob Barker	Brother	(234)-234-2345
Sally Baker	Cousin	(555)-222-4444

Foley Police
Safety ID Program

Please Print Clearly. ***We do not keep any data.***
The parent is the only one with the record when completed.

• First Name	
• Middle Name	
• Last Name	
• Nick Name	
• Parent / Guardian Name	
• Gender	
• Height	
• Weight	
• Eye Color	
• Hair Color	
• Glasses	
• Race	
• Date of Birth	
• Distinguishing Marks	
• Other Health Considerations	
• Primary Phone Number	
• Alternative Phone	
• Alternative Phone	
• Address	
• Zip	
• City	
• State	

6 video Interview Questions

What is your name? _____

What is your best friends name? _____

How do you get home from school? _____

Where is your favorite place to play? _____

Where do you like to go when you are upset? _____

What color is your bike? _____

The CD you receive can be viewed on any computer containing a CD drive. In the event your child is missing give the completed CD to the responding police agency. Keep the CD in your sock drawer. When your child goes anyplace take or send the CD with you. You can email the PDF form to the location your child may be staying.

Print Name of Child: _____ Age: _____

Print name of parent or guardian _____
I'm the Parent or Guardian of this child and give my full permission for him / her to participate in the Child Identification Program. I understand that I will be given the sole copy of all identification material, which I will own, and which will remain, under my control.

Date: ____/____/_____ **Signature of parent or guardian**: _____

Foley Police

Safety ID Program

CHILD

REGISTRATION

STATION

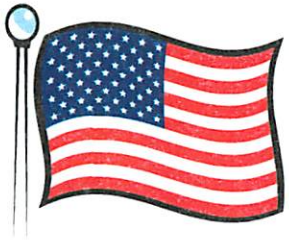
CHILD ID EVENT

Hosted By:

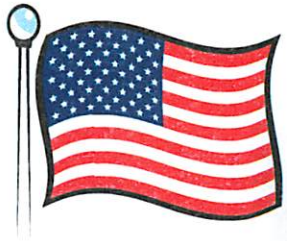
Foley Police Safety ID Program

Foley Police

Safety ID Program

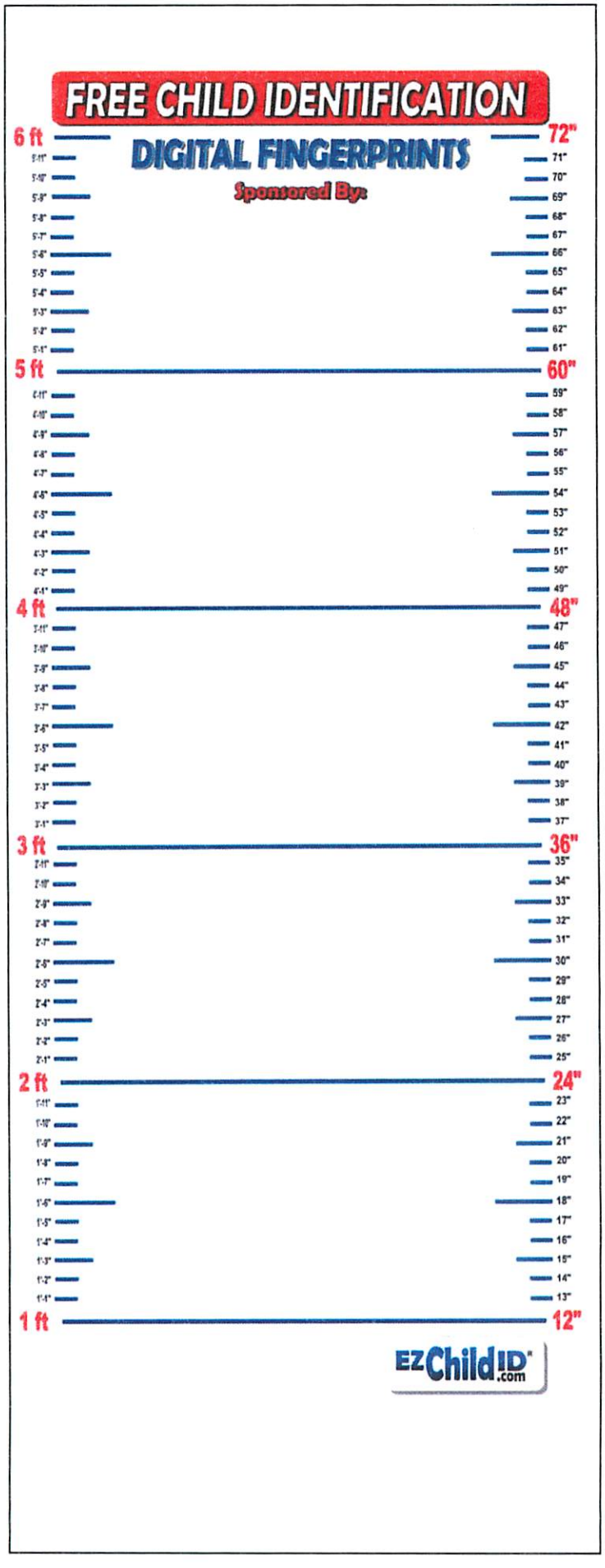


DIGITAL PHOTO



DIGITAL FINGERPRINTS

DIGITAL VIDEO INTERVIEW


FREE CHILD IDENTIFICATION
DIGITAL FINGERPRINTS
Sponsored By:
6 ft
72"
5 ft
60"
4 ft
48"
3 ft
36"
2 ft
24"
1 ft
12"
EZChildID.com

Safety Identification Program

Provided By:

POLICE
THE FORWARD CITY
FOLEY

CD contains some or all of the following information:

- Bio Data Sheet
- Digital Fingerprints
- Digital Photo
- Safety Information

Date Created: _____

Name: _____

Give this CD to Law Enforcement in the event your loved one becomes missing