



NEW JERSEY FREEMASONS



Child Identification Program

PARENTAL PERMISSION FORM

Dear Parent,

The Freemasons of New Jersey have long been involved in supporting and promoting our youth through our scholarship programs, learning centers, model student assistance programs and youth groups. We are pleased to now be able to offer a comprehensive Child Identification Program (CHIP).

When a child is missing, accurate information and identification tools are invaluable to Law Enforcement officials in helping to quickly locate your child. This program is designed to provide such information; we sincerely hope that you never have to use it.

The program consists of four components: a photograph, a videotape interview, fingerprints and a dental imprint that captures your child's DNA and scent. We are pleased to have the support of the Dental Community (New Jersey Dental Association) and the various Law Enforcement Officers who will conduct the fingerprinting portion of this program.

You have the choice to have your child participate in all four components or in any combination. All of the identification materials will be placed in a bag for you to take home; we retain no information on your child except this permission slip. Please complete and sign this form and indicate the components that you wish your child to participate in by initialing the appropriate lines. Thank you!



Date _____ CHIP Location _____

I, _____ (parent or guardian) agree to permit my

Child: _____ to participate in the following aspects of the CHIP program.

_____ Fingerprinting

_____ Photograph

_____ Video

_____ Dental Imprint

_____ Signature of parent of guardian