



Kansas Child Identification Program

Parental Consent Form

I, _____ am the
(Parent or Legal Guardian's full name) PLEASE PRINT CLEARLY

_____ of
(Relationship to child, i.e. father, mother, aunt, grandmother, etc.)

_____, a minor
(Child's full legal name)

As parent or legal guardian, I hereby give permission for the child to participate in the Kansas Child Identification Program (CHIP). As a participant in this program it is my understanding that I shall receive the following:

- Compact disc with the child's photo, fingerprints and description.
- DNA Cheek swab prepared under direction of parent /guardian.
- Data report with information, picture and fingerprints.

Also I understand that any material generated in the identification process (i.e. paperwork, compact disc, cheek swab) becomes the sole property of the child's parent or legal guardian. No copies will be made or retained by Kansas Masonic CHIP or any other participating sponsoring agency or institution.

I further understand that this identification program is being provided by the Kansas Masons solely as a community service at no charge. As this child's parent or guardian I hereby release the Kansas Masons and any other participating sponsoring agency or institution from any and all liability of every kind and description relating to participation in this program.

Adult's Signature _____

Date _____



Child ID Information Form.
Please fill out completely
Be sure to PRINT information clearly.

Childs First Name
Middle Name
Last Name
Nickname
Parent / Guardian
Gender
Height
Weight
Eye Color Glasses?
Hair Color
Race
Date of Birth
Distinguishing Marks
Other Notes / Health Considerations
Primary Phone Number
Address
City
State / Zip
Questions will be asked during video interview
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?