



Permission Form for the Missouri Masonic Children's Foundation's Missouri Child Identification Program (MO CHIP)

Please print all entries except signature

I, _____, am the _____ of
(Parent or legal guardian's full name) (Relationship, i.e. parent or legal guardian)
_____, a minor.
(Child's full name)

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

- Compact disk with the child's photo, fingerprints and description.
- Bite wafer bearing tooth print impression (prepared under the direction of a health professional)
- Data report with information, picture and fingerprints
- Laminated photo ID card(s)

Also, I understand that any material generated in the identification process (i.e. paperwork, compact disk, bite wafer) becomes the sole property of the child's parent or legal guardian. No copies will be made or retained on file by the Missouri Masonic Children's Foundation or by any other participating sponsoring agency or institution.

I further understand that this identification program is being provided by the Masonic Children's Foundation solely as a community service at no charge. As this child's parent or legal guardian I hereby release the Missouri Masonic Children's Foundation from any and all liability of every kind and description relating to participation in this program.

Adult's Signature _____ Date _____

Disclaimer: This form has been downloaded from the MOCHIP Web site (www.mochip.org). The Missouri Masonic Children's Foundation is not responsible for the privately collected information assembled on this form. Please take extreme care to secure this sensitive information both prior to and after the MOCHIP event.