

MASONIC CHILD IDENTIFICATION PROGRAM (CHIP)

(PLEASE PRINT ALL ENTRIES EXCEPT SIGNATURE)

I, _____, am the _____ of
(relationship: i.e., parent, aunt, neighbor)

(name of child) I give permission for the child to participate in CHIP as a parent or

legal guardian or on behalf of that adult. I understand that this program consists of one or more of the following:

1. Videotaped interview with the child;
2. Child's fingerprints;
3. Toothprints® impression (done only by registered professionals)
4. Cheek DNA sample (done only by trained professionals)

(Note: Please cross out any item in which you do not want the child to participate)

I understand that any materials generated in the identification process (i.e. videotape, fingerprint kits, Toothprint® wafers) become the sole property of the child's parent or legal guardian and no copies will be made or retained on file by the Masonic fraternity.

I further understand that this identification program is being done solely as a community service at no charge, and as the child's parent or legal guardian, or on behalf of that adult (with his/her permission), I release the Freemasons, jointly and severally, or their organized entities, from any and all liability related to this program.

Child's Address _____ Child's DOB: _____

Adult's Signature: _____

CHIP Location: _____ Date: _____