

CHIP

PENNSYLVANIA FREEMASON CHILD IDENTIFICATION PROGRAM (CHIP)

PLEASE PRINT ALL ENTRIES EXCEPT SIGNATURES

I _____, am the _____ of

_____. I give permission for the child to participate in CHIP as a parent or legal guardian. I understand that this program consists of one or more of the following:

1. A 35mm digital picture with audio cd
2. Child's fingerprints
3. DNA kit – to be completed at home.

I understand that any material generated in the identification process (i.e. digital picture, fingerprints, and DNA kit) become the sole property of child's parent or legal guardian. No copies will be made or retained on file by North Fayette Police, Pennsylvania Freemasons or the Crime Prevention Association of Pennsylvania.

I further understand that this identification process program is being done solely as a community service at no charge. As the child's parent or legal guardian, I release the North Fayette Police, Pennsylvania Freemasons and the Crime Prevention Association of Pennsylvania from any and all liability to this program.

Adult's Signature _____

Printed Name _____

Date _____