



Permission for Child to Participate in the
South Dakota Masonic Child Identification Program
(SD Masonic CHILD ID)

FULL NAME OF CHILD _____
PLEASE PRINT

This Child is _____ or is not _____ sensitive/ allergic to LATEX

I, _____, am the _____ (relationship) of the above-named child. As parent or legal guardian, I give permission for my child to participate in the Grand Lodge of South Dakota's Child Identification Program. I understand that this program may consist of one or more of the following identification steps:

- Video interview with child
- Digitally recording child's fingerprints
- Toothprints TM, dental impressions taken by a healthcare professional
- Cheek Swab (DNA sample) taken by a healthcare professional
- Digital still photo

All items collected remain the property of the child's parents or legal guardians and are retained by the same.

I further understand that this Child Identification program is conducted at no charge as a community service and that as the child's parent or legal guardian, I hereby release and discharge the Grand Lodge Ancient Free and Accepted Masons of South Dakota, its constituent lodges, organizations and appendant bodies, and their partner organizations, the South Dakota Sheriffs Association, the South Dakota Dental Association, the South Dakota Highway Patrol, the South Dakota Attorney General's Office, and the South Dakota Academy of Physicians Assistants, as well as all of their respective directors, officers and members, all participating law enforcement personnel and community volunteers from any and all legal liability, whatsoever, relating to, arising from, or associated with my child's participation in the South Dakota Masonic Child Identification Program.

Child's address _____

Child's date of birth _____

Parent or legal Guardian _____
(SIGNATURE)

Date signed _____

SD Masonic Child ID Location _____

Date _____



South Dakota Masonic Child Identification Program Information Sheet

First Name: _____	Gender: M F _____ (Circle One)	Height: _____	Weight: _____
Middle Name: _____	Eye Color (Circle One)	Hair Color (Circle One)	Glasses (Circle One)
Last Name: _____	Brown-Dark	Blonde	Yes No
Nickname: _____	Brown-Light	Black	
Parent/Guardian Name: _____	Green	Brown-Light	
Other Notes & Health Considerations _____	Gray	Brown-Dark	
_____	Hazel	Red	
Primary Phone # _____	Blue	White	
Alternate Phone # _____	Race: (Circle One) African-American, Asian, Caucasian/White, Chinese, Black, Hawaiian, Hispanic, Indian, Japanese, Korean, Latino, Middle Eastern, Mexican, Native American		
Month of Birth _____ Day _____ Year _____			
Distinguishing Marks _____			
Street Address _____ City _____ State _____ Zip _____			