



# Permission Form for the Virginia Child Identification Program (VACHIP)

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 VACHIP 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/or cheek swab/and or both
- \* Data report with information, picture and fingerprints

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

I further understand that this identification program is being provided by the Grand Lodge, A.F. & A.M., of Virginia solely as a community service at no charge. As this child's parent or legal guardian I hereby release the Grand Lodge, A.F. & A.M., of Virginia from any and all liability of every kind and description relating to participation in this program.

Adult's Signature \_\_\_\_\_ Date \_\_\_\_\_



Masonic Child Identification Program (CHIP)  
VACHIP Event Volunteer Sign in Sheet

Event Location \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

I hereby certify that I have never been charged with or convicted of a felony or misdemeanor pertaining to abuse or misconduct with a minor.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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



Child's First Name	
Middle Name	
Last Name	
Nickname	
Parent/Guardian	
Gender	
Height	
Weight	
Eye Color	
Hair Color	
Race	
Date of Birth	
Distinguishing Marks	
Other Notes/ Health Considerations	
Primary Phone Number	
Address	
Zip	
City	
State	

Video interview Questions

- What is your name? \_\_\_\_\_
- How old are you? \_\_\_\_\_
- How do you get to school? \_\_\_\_\_
- What is your best friends name? \_\_\_\_\_
- Where do you like to play? \_\_\_\_\_