



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)

1. _____ 2. _____
(Child's full name) (Child's full name)

3. _____ 4. _____
(Child's full name) (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 items:

- * Compact disk (CD) with the child's photo, fingerprints, and description information
- * Data report with information, picture, and fingerprints

And if done

- * Cheek swab or Bite wafer and/or both

Also, I understand that any material generated in the identification process (i.e. paperwork, compact disk (CD), cheek swab or 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 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 or cost. 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 _____

Event held at _____ Date _____



Event Volunteer Sign in Form
Virginia Child Identification Program
(VACHIP)

Please print all entries except signature.

Event Location _____

Name _____
Volunteer 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 _____

Mason

Other: _____

Please return with the Release Form



Virginia Child Identification Program (VACHIP)

Please PRINT Clearly

We do not keep any data on PC. All information is erased. The Parent or Legal Guardian is the only one with record when completed.

Child's First Name	
Middle Name	
Last Name	
Nickname	
Parent/Guardian Name	
Gender	
Height	
Weight	
Eye Color	
Hair Color	
Glasses or Contacts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race	
Date of Birth	
Distinguishing Marks	
Other Health Concerns or Blood Type	
Primary Phone Number	
Cell Phone Number or Alternate Number	
Address	
City	
State	
Zip	

Example of 5 Interview Questions for Video and Voice Capture

What is your name?
What is your best friend's name?
How do you get home from school?
What is your favorite place to play?
Where do you like to go when you get upset?

Please keep the CD and Information in a safe place, in the event you need it.