



## ChildSafe ID Program

Please complete entire form

AUTO ID #

### CHILD BIOGRAPHICAL DATA

First Name		M.I.	Last Name	
Date of Birth	Weight (lbs.)	Height (ft. & in.)	Hair Color	Eye Color
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Amer. Ind. <input type="checkbox"/> Indian			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Scars		Chronic Illness		
Allergies		Medications		

### HOME ADDRESS

Street Address	City	State	Zip
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### PARENT EMERGENCY CONTACT INFORMATION *(only one number per name please)*

Parent/Guardian Name	Emergency Telephone #
Parent/Guardian Name	Emergency Telephone #

### ACKNOWLEDGEMENT & CONSENT

I, the undersigned, affirm that I am the parent or guardian of the child named above and all of the information provided is accurate to the best of my knowledge. I understand that my child is participating in a free child identification program named the ChildSafe ID Program being conducted by volunteer members of the New Jersey State Chapter of the Latino Peace Officers Association (LPOANJ). I understand that as a part of the program, my child's photograph and left thumb fingerprint are being captured. I further understand that the LPOANJ does not guarantee the future usability of the fingerprint, as it can be distorted by unforeseeable issues and will not hold the association, member, volunteer, sponsor, or affiliate responsible for any liability arising from the ChildSafe ID program. The LPOANJ is not maintaining or preserving any information, except the first initial, last initial, date of birth (age) and zip code. Acknowledging and agreeing with the above statement, I give permission for my to child participate in this program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Date	Event Code	Event Location
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