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**Permission Form for the  
Ontario Mason's Child Identification Program**  
(MasoniCh.I.P. Ontario)

Please print all entries except signature

I, \_\_\_\_\_, am the \_\_\_\_\_ of  
(Parent or legal guardians 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 MasoniCh.I.P. Ontario program. As a participant in this program it is my understanding that I shall receive the following:

1. Compact Disk with the child's photo, fingerprints, description, and video
2. Bite wafer bearing tooth print impression (prepared under the direction of a health professional) or a Intra Oral Swab for DNA
3. 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 the sole property of the child's parent or legal guardian. No copies will be made or retained on file by the Masons or by any other participating partner agency or institution.

I further understand that the Masons are providing this identification program solely as a community service at no charge. As this child's parent or legal guardian I hereby release the Masons from any and all liability of every kind and description relating to participation in this program.

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



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Masons Helping You Protect The Ones You Love!

**Child Identification Program  
Information Collection Sheet**

Providing any of this information is voluntary on your part, however the more information you provide, the more effective this resource will be for you in a time of need. REMEMBER – MasoniCh.I.P. Ontario retains none of this information.

CHILD INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Parent / Guardian Names: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Eye Colour: \_\_\_\_\_ Hair colour: \_\_\_\_\_

Glasses: \_\_\_\_\_ Month of Birth \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

Other Notes or Considerations: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

City: \_\_\_\_\_