## Grand Lodge Free & Accepted Masons in the State Of New York Masonic Safety Identification Program www.nymasonicsafteyidprogram.org

## Please clearly print all information

Child's First Name:	Date:
Middle Name:	Gender: M / F
Last Name:	Height: Ft In
Nickname:	Weight:
Parent / Guardian Name:Please Print	
Circle one from each	
Eye Color: Black, Blue, Brown, Gray, Green, Hazel, Maroon, Multion Hair Color: Black, Blond, Brown, Gray, Red, Sandy, White, Green Glasses: Y or N Race: Black, White, American Indian / Alaskan Native, Asian / Pac Blood Type: AAPOS, ABPOS, BPOS, OPOS, ANEG, ABNEG, BNEG, ONEG, ABNEG, BNEG, BNEG, ONEG, ABNEG, BNEG, BN	color Pink, Unknown , Orange, Purple, Pink, Blue, Bald, Unknown cific Islander, Unknown
Date of Birth:	
Distinguishing Marks	
Notes / Health Considerations	
Primary Phone Number: ()	
Alternate Phone Number :()	
Alternate Phone Number: ()	
Street Address:	Zip Code:
City,	State:
Please read the following paragraph as it contains. The CD you receive can be viewed on any computer equipped the information contained on this disk. It includes a 21 page concludes a long with other information on child safety. Please perelease form and keep it with the CD. In the event your child is form and CD to the responding police agency. Keep the authoryour child goes anyplace take or send the CD and authorizatio priceless.	with a CD drive. Please take time to view bloring book with safety messages for your rint out a copy of the authorization to missing give the completed authorization rization and CD in your sock drawer. When n form. This CD is free but could become
Print Name of Child: Print Name of Parent or Guardian I the Parent or Guardian of this child give my full permission for hin Identification Program. I understand that I will be given the sole column and which will remain under my control.	n / her to participate in the NY Mason's Child

Date: \_\_\_\_\_ Signature of parent or guardian: \_\_\_\_\_