



Operation SAFE CHILD

Information Storage and Release Authorization



Operation SAFE CHILD cards should be carried by a parent or guardian. In the unlikely event that your child disappears, the card should be provided to the investigating police agency immediately. This will expedite dissemination of missing child information to police agencies and the public.

Print All Information

CHILD'S NAME: _____		
FIRST	MIDDLE	LAST
DATE OF BIRTH: ____/____/____ MM DD YYYY	GENDER: <i>(circle one)</i> MALE FEMALE	
RACE: <i>(circle only one)</i> White Black Hispanic Asian Native American Bi-Racial Other		
BIRTH PLACE: _____ / _____ City State		
EYE COLOR: _____ (One color only)	HAIR COLOR: _____ (One color only)	
HEIGHT: _____ Feet _____ Inches	WEIGHT: _____ pounds	
MOTHER'S FIRST NAME: _____ MOTHER'S MAIDEN NAME: _____		
OTHER INFORMATION: (Piercing, Scars Marks, Tattoos, Medical Conditions, Medications, Dental Appliances, Corrective lenses)		

AUTHORIZATION: FOR PARENTS OR LEGAL GUARDIANS ONLY

Parents and guardians have the option of allowing the photograph, biographical information and fingerprints, to be stored at the NYS DCJS Missing and Exploited Children Clearing House. If this option is chosen, all information will be deleted when a child reaches 18 years of age. If this option is not chosen, all information will be deleted after producing the safe child card.

By placing a checkmark in this box, I indicate that I am the **PARENT** or **LEGAL GUARDIAN** of the child noted above and I authorize DCJS to store his/her photograph and biographical information and fingerprints. I understand that this information can be used, without additional authorization, to locate my child if he/she is reported missing to a police agency. This will expedite dissemination of missing child information to police agencies.

I request that an Operation SAFE CHILD card be produced for the above-named child.

Parent/Legal Guardian Name (Printed)

Parent/Legal Guardian (Signature)

Date

Relationship to Child