NYSSA Operation SAFE CHILD Authorization Form

The NYSSA Operation SAFE CHILD Card should be carried by a parent or guardian. In the unlikely event that your child disappears, call 9-1-1 then provide the SAFE CHILD card to the investigating law enforcement agency to assist in locating your child.

Print All Information

CHILD'S NAME: _____ (First) _____ (Middle) _____ (Last)

DATE OF BIRTH: ___/___/___ (MM DD YYYY)

GENDER: (Circle one) **MALE** **FEMALE**

RACE: (Circle only one) **White** **Black** **Hispanic** **Asian** **Native American** **Bi-Racial** **Other**

PLACE OF BIRTH: _____ (City) _____ (State)

EYE COLOR: _____ (One color only)

HAIR COLOR: _____ (One color only)

HEIGHT: _____Feet _____Inches

WEIGHT: _____Pounds

* To be used for identification purposes as a password. You have the option to select a different password instead.

MOTHER'S FIRST NAME: _____ ***MOTHER'S MAIDEN NAME:** _____

OTHER INFORMATION: (Piercing, Scars Marks, Tattoos, Medical Conditions, Medications, Dental Appliances, Corrective lenses, Special Instructions).

AUTHORIZATION: FOR PARENTS OR LEGAL GUARDIANS ONLY

Parents and guardians have the option of having your child's photograph, fingerprints, and biographical data stored by the New York State Sheriffs' Association (NYSSA). If this option is selected, all information will be deleted when the child reaches 18 years of age. If this option is not selected, all the information will be deleted after producing the Operation SAFE CHILD card.

☐ By placing a checkmark in this box, I indicate that I am the **Parent** or **Legal Guardian** of the above referenced child and I authorize NYSSA to store my child's photograph, fingerprints, and biographical information to be used, without further authorization, should my child be reported missing to a law enforcement agency.

I am the **Parent** or **Legal Guardian** of the child noted above and I authorize NYSSA or the host law enforcement agency to produce a NYSSA Operation SAFE CHILD card for my child that will include his/her photograph, fingerprints, and biographical data.

_____ _____ _____

Parent/Legal Guardian Name (Printed) **Parent/Legal Guardian (Signature)** **Date**

_____ _____ _____

Relationship **Email Address** **Mobile #**