



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 is missing, 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: ____/____/____	GENDER: <i>(circle one)</i> MALE FEMALE	
MM	DD	YYYY
RACE: <i>(circle only one)</i> White Black Hispanic Asian Native American Bi-Racial Other		
BIRTH PLACE: _____ / _____		
City	State	
EYE COLOR: _____	HAIR COLOR: _____	
<i>(One color only)</i>	<i>(One color only)</i>	
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

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.

Authorizer Name (Printed)

Authorizer's Signature

Relationship to child

Date