

## **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		Midd	le		Last		_	
DATE OF BIRTH:	/ MM	/ DD	YYYY	GENDER:	(Circle one)	MALE	FEMALE	:		
RACE: (Circle only one)	White	Black	Hispanic	Asian	Native A	merican	Bi-Racial	Other		
PLACE OF BIRTH:	City		Sta	ate						
EYE COLOR:	e color only)			HAIR COLOR	((	One color onl	у)			
HEIGHT:Feet	Inches			WEIGHT:	Pounds	5				
* MOTHER'S FIRST NAME: _							password instead.			
OTHER INFORMATION: (P	iercing, Scars Ma	arks, Tattoos, N	Medical Conditior	ns, Medications, D	ental Appliances,	Corrective lei	nses, Special Instruc	ctions).		
Parents and guardians has Sheriffs' Association (NYSS not selected, all the inform By placing a check NYSSA to store my child's be reported missing to a late of the parent or Legal Gordon SAFE CHILD care	ve the optior SA). If this op mation will be mark in this I photograph, aw enforcem Guardian of the	n of having otion is sele edeleted af box, I indication fingerprint agency he child not	your child's perced, all inforfer producing ate that I ames, and biograted above and	mation will be g the Operation the <b>Parent</b> of phical information	ngerprints, and deleted when n SAFE CHILD regal Guardination to be use YSSA or the ho	d biograph n the child card. ian of the ed, withou	nical data stored reaches 18 year above referenc t further author prcement agenc	rs of age. If the ed child and rization, shou	his option is I authorize uld my child	
Parent/Legal Guardian N	lame (Printed	d)	Parent/L	₋egal Guardia	n (Signature)			Date		
Relationship				Email Addr	ess			Mobile #		