



Please **print legibly** and fill out form completely. Thank you.

Please circle one - Male or Female

Child's Name _____
First Middle Last

Nickname _____

Mailing Address _____

City _____ State _____ Zip _____

Date of Birth ___ - ___ - ___ Age _____

Hair Color _____ Eye Color _____ Distinguishing Marks _____

Please circle one

Primary Caregiver _____ mother / father / legal guardian

Telephone # _____

Secondary Caregiver _____ mother / father / legal guardian

Telephone # _____

Email Address _____

*Email Required. If no email please enter NONE

I hereby grant permission for my Child / Ward to participate in a Child Identification Program through the office of Hess Orthodontics on the following date: __/__/__. I understand that the KID I.D. program involves the gathering of pertinent information including a photo and fingerprint of my child and that this information, with my approval, may be electronically transmitted via the internet and/or to local law enforcement if necessary for the purpose of locating my child. I understand that my child's participation is voluntary and hereby choose to authorize his / her participation in the program.

I, as the parent or legal guardian, hereby waive any and all claims that my child or I, as parent or guardian may have or which may arise due to the voluntary participation in the KID I.D. program and I acknowledge and agree to indemnify and hold harmless KID I.D., LLC., Hess Orthodontics and participating schools and their employees and agents from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney's fee) for any harm arising out of participation in the above named KID I.D. program.

Parent/Guardian Signature _____

Parent/Guardian Name (please print) _____

(To be completed by Hess Orthodontic Team) Height ___' ___" Weight _____lbs.