

**PROJECT S.A.F.E.
STUDENT EMERGENCY DATA
(Return with Registration)**

Enrollment Information

Child's Name _____ DATE OF BIRTH: _____

Parent/Guardian's Name _____ Cell Phone _____

Legal Custody Y/N Circle one. Home Phone _____

Place of Employment _____ Work Phone _____

Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in our program. Cell Phone 1 2 3 Home Phone 1 2 3 Work Phone 1 2 3

Parent/Guardian's Name _____ Cell Phone _____

Legal Custody Y/N Circle one. Home Phone _____

Place of Employment _____ Work Phone _____

Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in our program. Cell Phone 1 2 3 Home Phone 1 2 3 Work Phone 1 2 3

Step-Parent/Guardian's Name _____ Cell Phone _____

Legal Custody Y/N Circle one. Home Phone _____

Place of Employment _____ Work Phone _____

Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in our program. Cell Phone 1 2 3 Home Phone 1 2 3 Work Phone 1 2 3

Pick-Up Information

You must list at least three authorized persons to be on your child's pick-up list.

Name/Relationship	Name/Relationship	Name/Relationship
Home Phone	Home Phone	Home Phone
Cell Phone	Cell Phone	Cell Phone

Extras- Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

PLEASE COMPLETE OTHER SIDE

PROJECT S.A.F.E.

DO NOT RELEASE

The following people are NOT allowed to take my child:

**I understand, for my child's safety, a photo ID is required for pick-up initially.

**I understand that my child(ren) will not be released to anyone other than those listed on this form.

Signature of Parent/Guardian

Date

Medical Information

State licensing requires that we have the following information on each student.

MUST COMPLETE

Current Physican:	Phone:
Current Dentist:	Phone:
Current Allergies:	
Current Medications:	

(PART I OR PART II MUST BE COMPLETED)

PART I: TO GRANT CONSENT

I do hereby consent for emergency medical treatment of my child, in the event of illness or injury requiring emergency treatment.

Date _____ Parent/Guardian _____

PART II: REFUSAL TO CONSENT

I do NOT give consent for emergency treatment of my child, in the event of illness or injury requiring emergency treatment. I wish the school authorities to take the following action:

Date _____ Parent/Guardian _____