

PROJECT SAFEKEEP
Woodbury Heights Elementary School
2016 – 2017

Name: _____ Grade: _____

Address: _____ Home Phone: _____

Mother's Name: _____ Work#: _____ Cell#: _____

Father's Name: _____ Work#: _____ Cell#: _____

Emergency Contact Person:

Name: _____ Phone#: _____ Cell#: _____

Check if ANY of these conditions should be known:

_____ Diabetes _____ Epilepsy Allergy to: _____

_____ Heart Condition _____ Other: _____

_____ I hereby give permission for my child to be taken to the nearest hospital in case of
Emergency when unable to contact a parent or guardian.

Parent/Guardian Signature: _____

.....
I, _____, designate the following ADULTS to be given permission to
drop-off or pick-up my child/children from "Project Safekeep". **Also include their telephone
number and cell number (if possible).**

1. _____

Name Phone # Cell #

2. _____

Name Phone # Cell #

3. _____

Name Phone # Cell #

4. _____

Name Phone # Cell #

5. _____

Name Phone # Cell #

6. _____

Name Phone # Cell #