

PROJECT SAFEKEEP  
 Woodbury Heights Elementary School  
 2018 - 2019

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 #