

PROJECT SAFEKEEP  
Woodbury Heights Elementary School  
2011 – 2012

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 #