



Safety Information Sheet

Parents -- to aid in the safety of your child, please complete and return

Father's name: _____

Cell # (_____) _____ Cell Provider _____

Father's email: _____

Mother's name _____

Cell # (_____) _____ Cell Provider _____

Mother's email: _____

Family Address: _____

City, State, Zip: _____

With which parent(s) do children reside: _____

1. Child's Name: _____

Child's Age: _____ Grade: _____ DOB: ____/____/____

Allergies (or other pertinent medical information): _____

2. Child's Name: _____

Child's Age: _____ Grade: _____ DOB: ____/____/____

Allergies (or other pertinent medical information): _____

3. Child's Name: _____

Child's Age: _____ Grade: _____ DOB: ____/____/____

Allergies (or other pertinent medical information): _____

4. Child's Name: _____

Child's Age: _____ Grade: _____ DOB: ____/____/____

Allergies (or other pertinent medical information): _____

5. Child's Name: _____

Child's Age: _____ Grade: _____ DOB: ____/____/____

Allergies (or other pertinent medical information): _____

Emergency Contact Name/Phone: _____

Children must be picked up by a parent or sibling older than 16yrs old