

SAFEHAVEN PROGRAM AUTHORIZATION CARD

Child's Name _____

Grade _____ Age _____ D.O.B. _____ Sex _____

Address _____ Home Phone # () _____

City _____ State _____ Zip _____

School _____ Rate _____

Mother's Name _____ Work Phone _____

Mother's Employer _____

Father's Name _____ Work Phone _____

Father's Employer _____

Email Address _____

Name of Friends Or Relatives To Call If You Cannot Be Reached:

_____ Phone # _____

List Persons Authorized To Pick Up Your Child

_____ Phone # _____

_____ Phone # _____

Do Not Allow My Child To Leave With These Persons:

Medical Release

Parent's Authorization:

I, _____ hereby give permission to the SafeHaven Staff to seek Medical treatment (Private Physician or Hospital) or surgical care for my child should an emergency arise. It is understood that a conscientious effort will be made to locate me or my spouse before any action will be taken, but if it is not possible to locate us, this expense will be accepted by us.

TRANSPORTATION OR FIELD TRIP PERMISSION

SafeHaven has my permission to transport _____ by Van or Bus to and from the SafeHaven Program. He/She may participate in any field trip which may be scheduled and supervised by the SafeHaven Staff.

Date _____ Parent Signature _____

SAFEHAVEN DOES NOT PROVIDE ACCIDENT INSURANCE