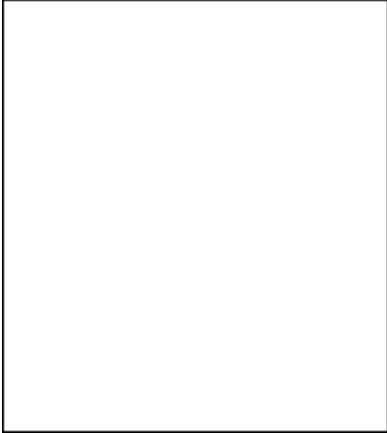


IN SAFE HANDS



DATE OF APPLICATION: _____

PLEASE PROVIDE CURRENT PHOTOGRAPH WITH THIS APPLICATION. ATTACH PHOTO AT LEFT.

SUBJECT NAME & INFORMATION

Last First MI

Street Address

Apt. Building Name Apt. #

Height Weight

DOB SSN(optional)

PHOTO INCLUDED

Yes No

HANDICAP/ILLNESS (optional)

PARENT OR GUARDIAN

Last First MI

Cell Phone

Work Phone

OTHER EMERGENCY CONTACTS

Name

Address

Home Phone Cell Phone

Name

Address

Home Phone Cell Phone

SPECIAL NEEDS

DOCTOR INFORMATION (optional)

MEDICATIONS (optional)

ABILITY TO COMMUNICATE

Yes

No

If no, please explain the best form of communication to be used.

OTHER INFORMATION
