



# CHILD SAFETY FORM

Name of Child \_\_\_\_\_ (Print name and surname).

Grade \_\_\_\_\_

**Please list three designated people who will be allowed to fetch your child from school:**

1. Name \_\_\_\_\_ (name and surname)

Cell number \_\_\_\_\_

Is this person a taxi driver? Yes/No

2. Name \_\_\_\_\_ (name and surname)

Cell number \_\_\_\_\_

Is this person a taxi driver? Yes/No

3. Name \_\_\_\_\_ (name and surname)

Cell number \_\_\_\_\_

Is this person a taxi driver? Yes/No

Parent/Guardian Name \_\_\_\_\_ (Print name)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_