

iGNiTE

Contact and Safety Form Summer 2010

Student Information:

Student's Name: _____ DOB: _____
Student's Email: _____ On Facebook? Yes No
Preferred IM: _____ AIM Other: _____
Student's Cell or Best Contact Phone Number: _____ Can get texts? Yes No
School: _____ Grade: _____

Caregiver Information: Student lives in _____ household(s).

Household #1 Information:

Address: _____
Home Phone: _____ Caregiver E-mail: _____
Caregiver Name: _____ Relationship: _____ Legal Guardian
Cell phone #: _____ Work phone #: _____
Caregiver Name: _____ Relationship: _____ Legal Guardian
Cell phone #: _____ Work phone #: _____

Household #2 Information (if applicable):

Address: _____
Home Phone: _____ Caregiver E-mail: _____
Caregiver Name: _____ Relationship: _____ Legal Guardian
Cell phone #: _____ Work phone #: _____
Caregiver Name: _____ Relationship: _____ Legal Guardian
Cell phone #: _____ Work phone #: _____

Other emergency contacts making decisions for the student:

Name: _____ Relationship: _____
Contact phone number(s): _____
Name: _____ Relationship: _____
Contact phone number(s): _____

Medical Information:*

Allergies (food/drug/environmental): _____
Medical/emotional issues leaders should be aware of: _____
Medications leaders should be aware of: _____

*Please note: Leaders will keep all of the above information in the highest confidence, but this form is not protected by HIPAA.

Photo Release: If my child appears in any pictures or videos taken by leaders during iGNiTE activities, I give permission for them to be posted on the: iGNiTE Website (available to the public) Facebook Facebook with limited viewing by only iGNiTE members None of the above

Parent/legal guardian signature: _____ Date: _____