



Please fax or email the completed forms to:

Email: [communityservices@brevardsheriff.com](mailto:communityservices@brevardsheriff.com)

Fax: (321)225-3041

If you have any questions, please call (321)264-7755.



I \_\_\_\_\_, authorize my son / daughter, \_\_\_\_\_

to attend the upcoming self-esteem and personal safety education program offered by the Brevard County Sheriff's Office "Safe Kids" Program at \_\_\_\_\_

on \_\_\_\_\_.

My signature below hereby acknowledges to the Brevard County Sheriff's Office and its Instructors and Volunteers that my son/daughter and I are aware of the physical nature and possible risks of injury incident to taking this practical course in personal safety; that he/she is physically fit to participate in this course, involving various physical techniques; and, we realize that such techniques cannot be successfully employed in every situation, and proficiency can only be achieved through continued practice, exercise of good judgment, and a person's ability.

I also understand that sensitive subject matter will be discussed.

My signature also releases the Brevard County Sheriff's Office and its Instructors and Volunteers, and agrees to hold them harmless, from any liability for injury that may be incurred as a result of this course, or use of the strategies within.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legal Guardian)

Telephone # \_\_\_\_\_

The initialing of this box also grants permission for my child's picture to be taken for the purpose of the graduation certificate and/or general media or press release from the Brevard County Sheriff's Office.



# BREVARD COUNTY SHERIFF'S OFFICE

## "Brevard Safe Kids"

### Wellness Information Form

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of Emergency please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Confidential Medical History

1. Date of most recent medical examination \_\_\_\_\_

2. Do you feel fine, without restriction? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please describe: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been hospitalized or treated for an injury?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

4. Have you ever been injured and not received medical attention?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

