



Please fax or email the completed forms to:

Email: 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: _____

5. Do you have any current medical conditions for which you are currently being treated for ?
Yes _____ No _____ If yes, please describe: _____

6. Are you currently using any prescription drugs?

Yes _____ No _____

If yes, please describe: _____

7. Do you have: Any Known Allergies Yes _____ No _____

 Difficulty breathing Yes _____ No _____

 High blood pressure Yes _____ No _____

If yes, please describe: _____

8. How frequently do you exercise? _____

What type of exercise? _____

9. Are you or have you ever been involved in Self-Defense or Martial Arts Training?

Yes _____ No _____

If yes, please describe: _____

10. Please describe your perception of your current fitness level:

The above information is complete, true and accurate to the best of my knowledge.

Student's Signature

Parent or Legal Guardian's Signature

Instructors Check