

# Garrison Mill Elementary

## Safe Walker Protocol

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Homeroom Teacher

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Address

\_\_\_\_\_  
Enrolling Adult Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Home Number

Adults other than Parent/ Guardian who are authorized to receive my child as a walker or may be contacted in case of an emergency.  
(Photo ID may be required)

\_\_\_\_\_  
Authorized Adult (Please Print)

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Home Number

\_\_\_\_\_  
Authorized Adult (Please Print)

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Home Number

\_\_\_\_\_  
Authorized Adult (Please Print)

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Home Number

I authorize my 8 year old or younger child to walk home with his/her older Garrison Mill sibling(s) where appropriate supervision is provided.

Names of sibling(s):

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I give permission for my child who is 9 years or older to walk home without an adult.

If there are any changes to the information listed above, please complete a new updated form. You will be able to get one in the office.

\_\_\_\_\_  
Enrolling Adult Name—Please Print

\_\_\_\_\_  
Enrolling Adult Signature

\_\_\_\_\_  
Date