Teen Lock-In
Safety Information

Teens Full Name: _____

Age: _____

Date: _____

1.Emergency Contact Full Name: _____

    Relationship to teen: _____

    Phone Number: _____

2.Emergency Contact Full Name: _____

    Relationship to teen: _____

    Phone Number: _____

Allergies: _____

_____

_____

Medical Condition(s): _____

_____

_____

Anything else we should know: _____

_____

_____