



SCHOOL SAFETY PROGRAM

A Non-Profit Organization

Date: ___/___/___

Safety Wristband Campaign Parent Pledge



As a Parent, I Pledge To:

(Please Initial)

- _____ Help my child adhere to school policies listed in the School Manual.
- _____ Help my child adhere to all public and school guidelines.
- _____ Notify the school or public officials of any incident (physical or otherwise) considered unsafe or damaging to my child.
- _____ Promote and encourage my child to respect the rights and feelings of other students in their school environment.
- _____ Help ensure my child visits schoolsafetyprogram.org periodically to be a part of their school's safety initiatives and training programs.
- _____ Not let my child's and my School Safety Program wristband be used by non-qualified personnel.

Parent Name: _____
(Print)

(Signature)

Student Name: _____

School & Grade: _____

Use your wristband to receive 10% off at participating businesses. Visit www.schoolsafetyprogram.org for a list of current providers.

For Internal Use Only:

Rep Code: _____

Assoc. School: _____

SMART * STRONG * SAFE

"Safety is not a test, it's a way of Life."

