

PLOWSHARES

AUTHORIZED ESCORT DATA SHEET

CHILD'S NAME: _____ DATE _____

GUARDIAN #1: _____ ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

GUARDIAN #1: _____ ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

* IN THE EVENT THAT NEITHER THE ABOVE GUARDIANS WILL BE ABLE TO ESCORT THE CHILD TO OR FROM PLOWSHARES, THE FOLLOWING PERSONS ARE GRANTED AUTHORITY TO ESCORT THE CHILD:

ESCORT 1 _____ RELATION _____

ADDRESS _____ TELEPHONE _____

ESCORT 2 _____ RELATION _____

ADDRESS _____ TELEPHONE _____

ESCORT 3 _____ RELATION _____

ADDRESS _____ TELEPHONE _____

ESCORT 4 _____ RELATION _____

ADDRESS _____ TELEPHONE _____
