

**KIDS FOR SAFETY IN ST CLAIR COUNTY: HOME SAFETY COMPLETION FORM**

The following person has completed the "HOME SAFETY" Program:

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City or Township:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Completion Date	Activity sheets required to receive patch	Patch	Parent/Guardian's Signature
	Yes	Lesson 1: Poison Safety	
	No	Lesson 2: Accident/Emergencies	
	Yes	Lesson 3: Home Alone and Telephone Safety	



Please return this completed form and required activity sheets to receive the "Home Safety" patch to:

St. Clair County Office of Homeland Security and Emergency Management  
 200 Grand River Ave Ste 204  
 Port Huron, MI 48060

<b>For office use only</b>
Agency Name:
Initials:
Date patch received: