

# Location/Contact Information

Name of Student Participant:

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Name of Parent/Guardian to call:

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By signing below, you understand that a uniformed officer or a representative of the *Shattered Dreams* program will give you a simulated death notification in reference to your son/daughter on the day of the event.

**Please indicate below where you will likely be located during the times designated. As you will be called at the point in time that your student is pulled from class and has his/her obituary read, it is important to know the best number to call at certain times of the day.**

**Residence**

**Times available:** \_\_\_\_\_

Preferred Phone number: \_\_\_\_\_

**Place of Business**

**Times available:** \_\_\_\_\_

Preferred Phone number: \_\_\_\_\_

Signature of Parent/Guardian:

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*We suggest you inform your employer and/or co-workers about the Shattered Dreams program and your participation in it.*