OT1



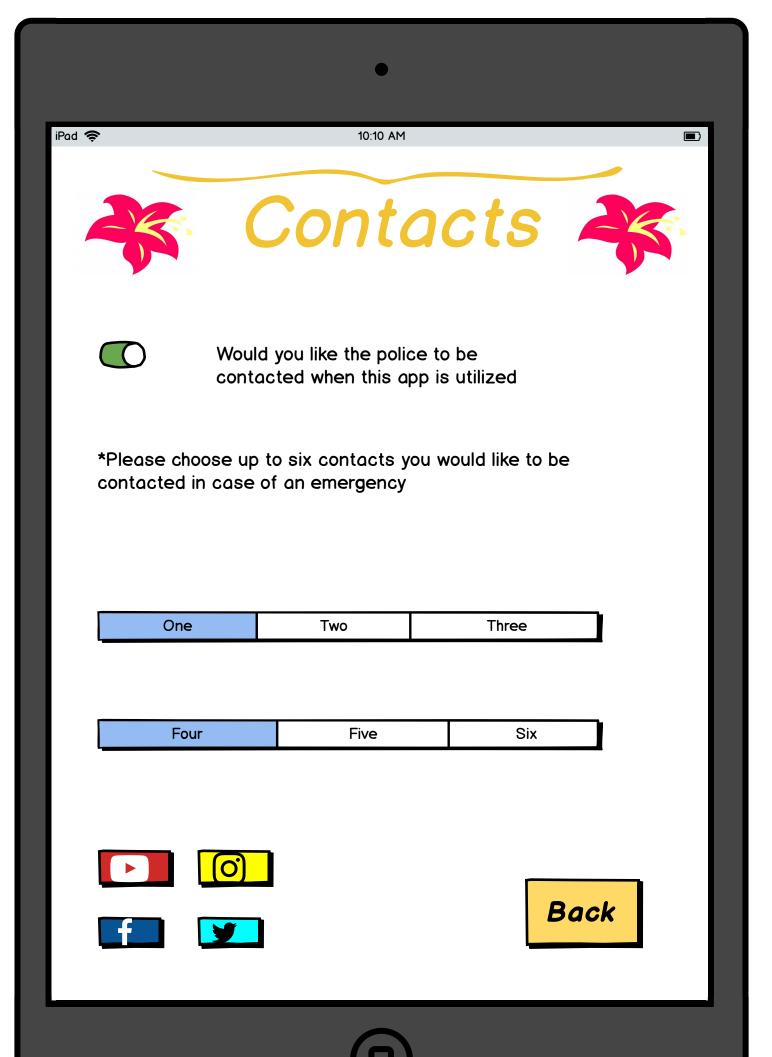
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MSC1 3 / 19



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Contact 1	Last Name:				1
Contact 1	Home Phone No.:				1
Contact 1	Phone No. :				1
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Contact 2 Last	Name:			
Contact 2 Home	e Phone No.:			
Contact 2 Phon	e No. :			
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Can contact 2 i	eceive text mess	sages?		
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	Con	tact	#3	
Contact 3 F	irst Name:			
Contact 3 L	ast Name:			
Contact 3 F	ome Phone No.:			
Contact 3 P	hone No. :			
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Can contac	t 3 receive text n	nessages?		
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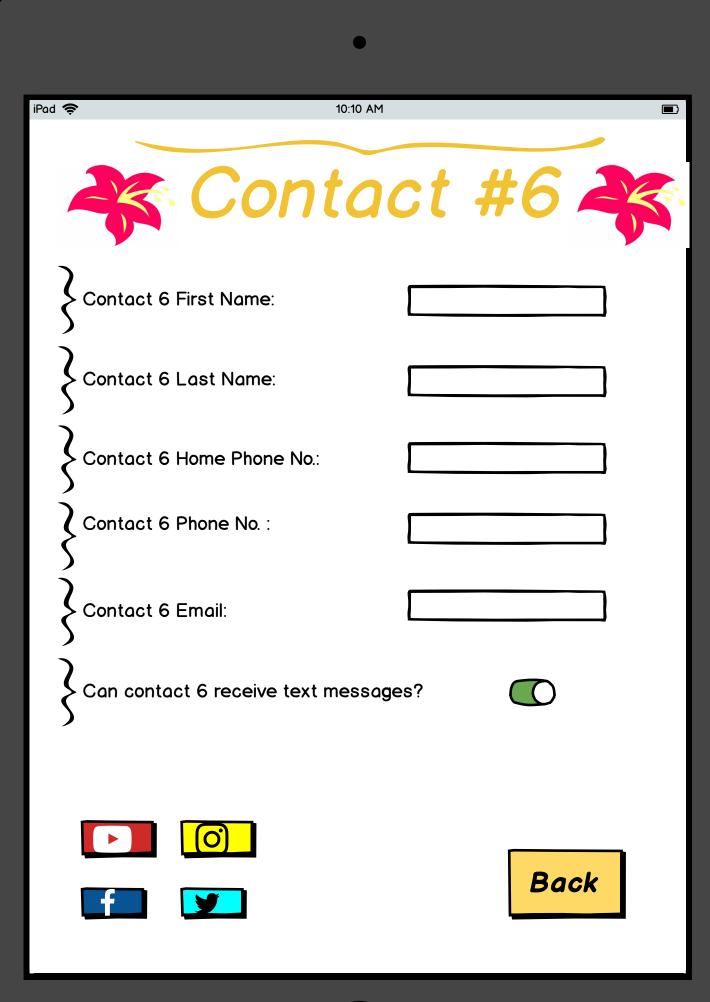


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Con	tact #4
Contact 4 First Name:	
Contact 4 Last Name:	
Contact 4 Home Phone No.	:
Contact 4 Phone No. :	
Contact 4 Email:	
Can contact 4 receive text	messages?
	Back

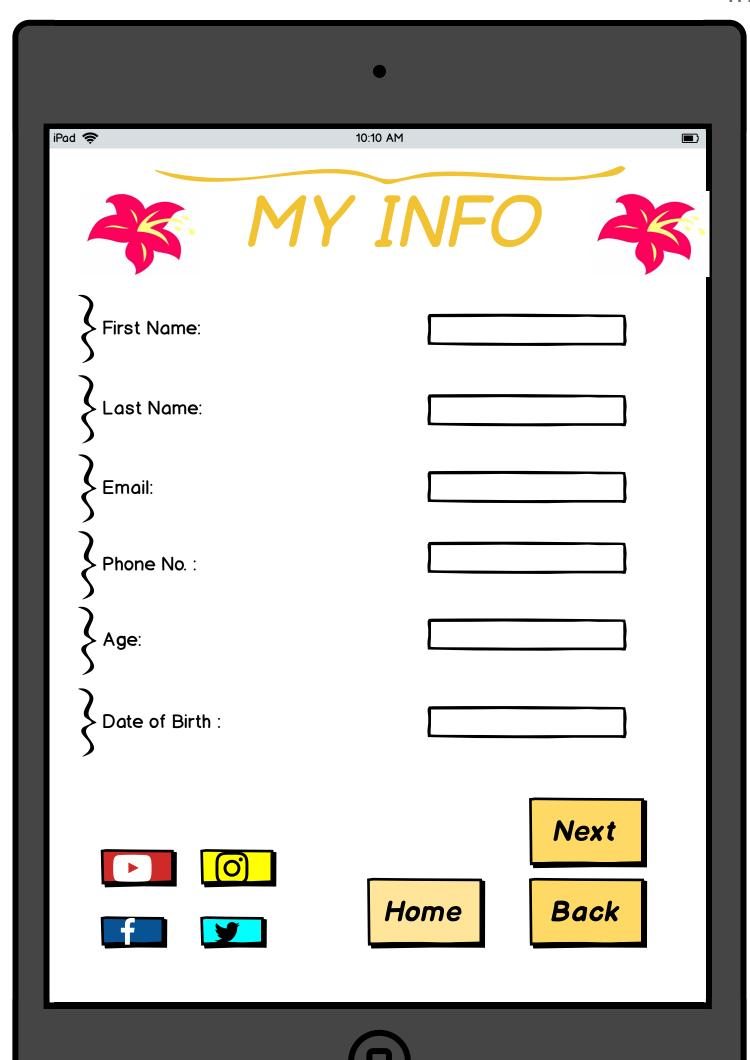


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Cont	act #5
Contact 5 First Name:	
Contact 5 Last Name:	
Contact 5 Home Phone No.:	
Contact 5 Phone No. :	
Contact 5 Email:	
Can contact 5 receive text me	essages?
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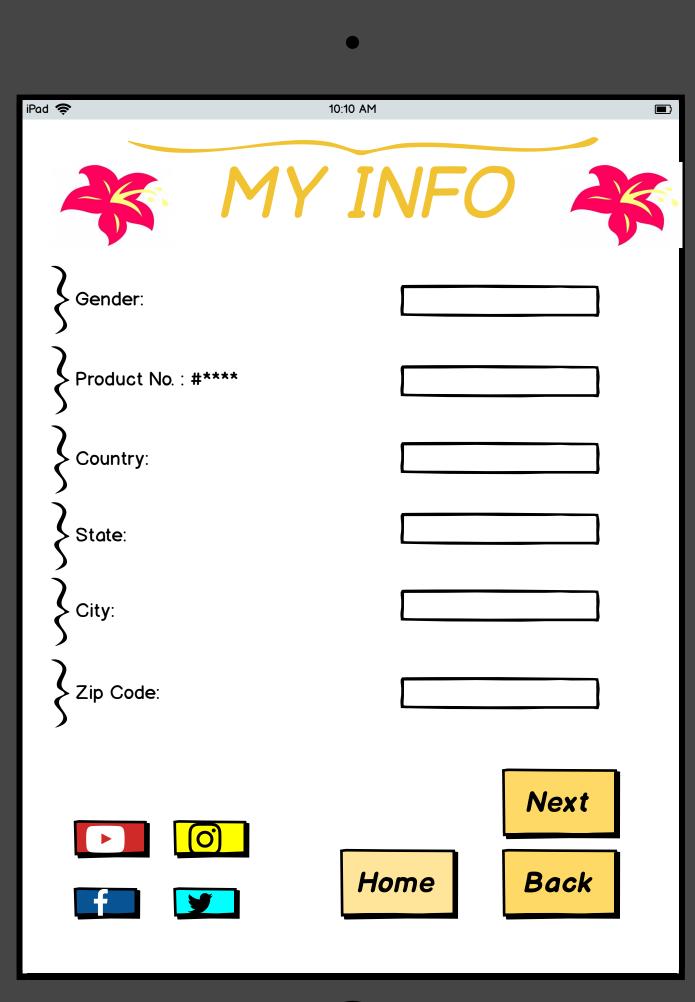






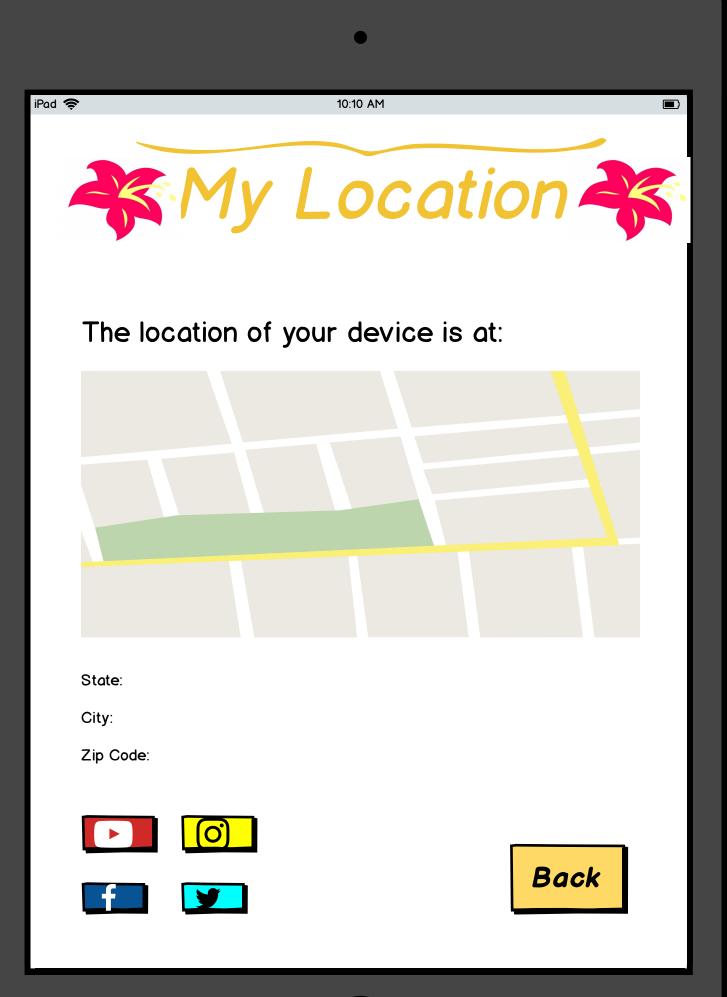


MI2





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Here are some stranger safety tips:

- Don't talk to strangers.
- Don't take anything from strangers.
- Don't go anywhere with someone you don't know.
- Stay more than an arm's reach from strangers. If you are approached by a stranger, seek help immediately.
- Trust your instincts, if you feel you are being followed or something is not right, seek help immediately.
- Use the buddy system, avoid walking anywhere alone.
- Review contact telephone numbers and home safety practices.
- · When seeking help, always go to a trusted adult teacher, coach, police officer, other parent, or older siblings.
- If a stranger grabs you, do everything you can to stop him or her from pulling you away. Drop to the ground, kick, hit, bite, and scream. Do whatever it takes to attract the attention of others who can help you. If someone is dragging you away, scream, "this is not my dad," or "this is not my mom."
- Report any suspicious activity to your local school and police department.









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CSSC1 16 / 19





CSSC2

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CSSC3





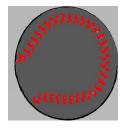
Choose your Safety Shape Color!







☐ Yellow/Red



☐ Green/Lime









Next

Back



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SHOP	PING A
Please fill out the credit card information below:	\$19.99
Credit Card No. :	
SSN:	
Type of Card :	
Expiration Date :	
Billing Address :	
Card Holder First Name :	
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