



# Safety Town

## PERRYSBURG, OHIO

Since 1970

Dear Parents:

It is time to start registering your children for Safety Town. The purpose of Safety Town is to teach basic safety education focusing on pedestrian, bicycle, bus, and recreational safety. Children who will be entering kindergarten or first grade are strongly encouraged to attend this long lasting and worthwhile program.

Safety Town will be held at Woodland Elementary School and will last from June 6 through June 17 with Closing Exercises on Friday, June 17 in the morning. The morning session will start at 9 a.m. and end at 11 a.m. The afternoon session will begin at 12:00 p.m. and end at 2 p.m. Since both sessions fill up quickly, it is important to get your registration in as soon as possible. Please indicate if either session is acceptable by marking the appropriate space on the registration form. On the backside of the registration form is the emergency medical form, please fill this out as well. The cut-off date for registration is May 27. All registration forms, emergency medical forms, and fees are to be at the Police Department by May 27 in order for your child to attend.

The Safety Town program is presented for the Perrysburg school children by the City of Perrysburg with the cooperation of the Perrysburg Police Division. All teachers and police officers are fully certified. Children planning to attend Safety Town must LIVE in the Perrysburg school district.

There is a \$30.00 fee (payable only by check or money order made out to Perrysburg Safety Town) to help defray such costs as materials, snacks, drinks, special events, equipment, and personnel. Please do not send any cash. (No refunds will be issued after June 8.) Please send your registration form, emergency medical information form, and fee to Safety Town, c/o Officer Quinn Crosby, **Perrysburg Police Division, 330 Walnut St., Perrysburg, OH 43551**. Confirmations will be mailed the first week of June. If the fee creates a hardship, please contact Officer Crosby at the police station.

Child's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Age (as of 8/1/10): \_\_\_\_\_

**Session (Please choose 1):** \_\_\_\_\_ **Payment (Please Choose 1):** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_

Morning (9-11 a.m.): \_\_\_\_\_ Cash: \_\_\_\_\_

Afternoon (12-2 p.m.): \_\_\_\_\_ Check: \_\_\_\_\_

Either Session: \_\_\_\_\_

**School of Attendance:** Fort Meigs: \_\_\_\_\_ Frank: \_\_\_\_\_ Toth: \_\_\_\_\_ Woodland: \_\_\_\_\_

St. Rose: \_\_\_\_\_ Other (please name): \_\_\_\_\_

Please feel free to list any special needs or medical conditions your child may have:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Safety Town Emergency Medical Authorization

**Purpose-** To enable parents or guardians to authorize emergency treatment for children who become ill or injured while attending Safety Town, when parents or guardians cannot be reached.

Parent's or Guardian's Name: \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**PART I OR II MUST BE COMPLETED-DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

**PART I- GRANT CONSENT**

In the event that reasonable unsuccessful attempts have been made to the above contacts, I hereby give my consent for (1) the administration of any treatment deemed necessary by:

Preferred Physician: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Dentist: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to:

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists; concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**PART II- REFUSAL TO CONSENT**

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_