

*****Deadline for registration is: Friday, June 1, 2018*****



SAFETY TOWN

CHILD
SAFETY
PROGRAM



LANCASTER POLICE DEPARTMENT • 130 S. BROAD STREET • LANCASTER, OHIO 43130 • (740) 687-6680

Session _____ Room # _____ (Office Use Only)

Student Registration

***** ALL FIELDS ARE REQUIRED *****

PLEASE PRINT CLEARLY

SAFETY TOWN DATES: **June 11, 2018** TO **June 22, 2018** at Mt. Pleasant Elementary School
712 North Broad St. Lancaster, Ohio *****Monday-Friday ONLY*****

PLEASE PRINT CLEARLY

Today's Date: _____

Student's Legal Name: _____

Address: _____
(House Number) (Street) (City) (State) (Zip Code)

Telephone: (____) _____ Date of Birth: _____

Mother's Name: _____ Cell Phone No. (____) _____

Father's Name: _____ Cell Phone No. (____) _____

Mother's Employment: _____ Phone: (____) _____

Father's Employment: _____ Phone: (____) _____

Name of School student will attend Kindergarten this fall: _____

Email address you would like confirmation sent: _____

Student Registration Fee: \$20.00

Registration Fee is NON-REFUNDABLE
(Please make checks payable to: Safety Town)

Indicate by an (X) which session you prefer

9:00 a.m. to 12:00 noon _____ 1:00 p.m. to 4:00 p.m. _____

A Safety Town representative will contact you promptly if the session of your choice is full.

Please indicate your choice for 1st and 2nd alternate persons to call in case contact can not be accomplished to either parent.

Alternate Person #1: _____ Phone:() _____ Cell:() _____
Alternate Person #2: _____ Phone:() _____ Cell:() _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event reasonable attempts to contact me at my home or work number listed above or, either one of the alternatives listed, have been unsuccessful, I hereby give my consent for:

- The administration of any treatment deemed necessary by
Dr.: _____ or,
(preferred Doctor & phone no.)
Dr.: _____
(preferred Dentist & phone no.)
- In the event the designated preferred practitioner is not available, the treatment by another licensed doctor or dentist.
- The transfer of the child to: _____ or any hospital reasonably accessible.
(preferred hospital)
- This authorization does not cover major surgery unless medical opinions of two other licensed doctors or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.
- Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

X _____
Parent or Legal Guardian's Signature

*******WAIVER & RELEASE OF LIABILITY*******

Please contact Officer Marshall if you have any questions/concerns about this waiver.

By signing this letter and initialing each provision below, I hereby acknowledge that I have read, understand, and voluntarily agree to the following provisions:

_____,____ The persons/organizations/entities responsible for the Safety Town event, including those working with my child, are not able to prevent my child from exposure to or ingestion of products that contain or have been in contact with peanuts or components/derivatives thereof.

_____,____ The food products that will be distributed to the children at Safety Town may contain peanuts or components derivatives thereof.

_____,____ The persons/organizations/entities responsible for the Safety Town event, including those working with my child, are not trained to execute any medical or first-aid care associated with allergic reactions due to exposure to peanuts or components/derivatives thereof.

_____,____ I/we, our heirs, and assignees, will not, on behalf of ourselves or our child, hold anyone responsible or associated with the Safety Town event, including, but not limited to, Safety Town, the City of Lancaster, Lancaster Police Department, Lancaster City Schools, their employees, agents, or officers if my child ingests or is exposed to peanuts or components/derivatives thereof during his/her involvement with the Safety Town event.

After reading and initialing the above statements I believe the safety of my child is not at risk due to the nature of his/her allergy, the amount of training I have provided my child, and his/her relative maturity and discipline, and hereby decide to send him/her to Safety Town, understand that I am doing so at my and my child's own risk knowing the potential for exposure and the potential results thereof.

Mother: X _____ (signature) _____ (printed) _____ (date)

Father: X _____ (signature) _____ (printed) _____ (date)

All registrations will be handled on a first come first serve basis. Deadline for registration is: **Friday June 1, 2018**. Enrollment is limited to the first 150 students for each session. All registrations received above this maximum will be placed on a waiting list. These will be given priority in sequence as they arrive. Contact Officer Jim Marshall at jmarshall@ci.lancaster.oh.us or 740-687-6680 ext. 4516 if you have questions.

Mail to: SAFETY TOWN
C/O LANCASTER POLICE DEPARTMENT
130 SOUTH BROAD STREET
LANCASTER, OHIO 43130