Kiwanis CLUB OF WOOSTER

SAFETY TOWN

in partnership with Wooster City Schools
for children entering Kindergarten – **Fall 2024**

Child's name_____ (as to be written on name tag)

Age_____ Male ☐ Female ☐ **Each participant will receive a child's bike helmet.**
Preferred Helmet color: ☐ Navy Blue ☐ Red ☐ Purple ☐ Black

Parent(s) or Guardian(s)_____

Address_____

E-mail: _____ Phone # _____

School where registered for Kindergarten_____

If your child will be coming with a care giver or carpooling with other children, please list the care giver's name or other child(ren)'s names:

_____

Safety Town is a one-week program. The classes are filled on a first come, first served basis.

Dates: August 5th – 9th (Monday – Friday)
Time: 6:00p.m. – 8:00 p.m.
Location: Cornerstone Elementary School (corner of Bowman & Quinby, Wooster)
Registration Fee: $18 per child (checks payable to *Wooster Kiwanis Club*)
or Venmo'd to: @KiWoo1923
Payment MUST ACCOMPANY REGISTRATION FORM
(scholarships/ free registration are available to any child/ upon request)
REGISTRATION ENDS JULY 19th OR WHEN CLASSES FILL

I hereby give my consent for my child to participate in the Wooster Kiwanis Safety Town, which includes a school bus ride and a visit to the fire station in connection with that program. I give permission to the staff to administer to my said child any first-aid treatment deemed necessary. I hereby agree to hold the Wooster Kiwanis Safety Town and their members, harmless from any injuries occurring while my said child is participating "Safety Town" and from the administering of any first-aid treatment.

_____
(Signature of Parent/Guardian)

I would like to volunteer *every* night as an assistant. Please provide me with a *free* volunteer t-shirt in adult size: __ Sm __M __Lg __ XL __ 2X ____ 3X

☐ I agree to submit to a criminal background check prior to working with the children (no cost to you)

☐ I give permission for my child to be photographed during the week's activities

Please read, complete and sign the **Safety Town Consent / Emergency Medical Form** on the back of this registration and return with registration fee to:
Wooster Kiwanis Safety Town, c/o Linda Brinkerhoff
1654 W. Highland Avenue Wooster, Ohio 44691

Wooster Kiwanis Safety Town

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian

Mother_____ Contact Number(s)_____

Father_____ Contact Number(s)_____

Guardian_____ Contact Number(s)_____

PART I or PART II BELOW MUST BE COMPLETED

PART I: TO GRANT PERMISSION

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor_____ Phone_____

Dentist_____ Phone_____

Medical Specialist_____ Phone_____

Local Hospital_____ Phone_____

In the event reasonable attempts to contact me or other parent/guardian have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the listed doctor, dentist or medical specialist, 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 the above hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist 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 include:

_____

Signature of Parent/Guardian_____ Date_____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

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 school authorities to take the following action:

_____

Signature of Parent/Guardian_____ Date_____