

City of Oregon SAFETY TOWN



SAFETY TOWN is an organized program of safety education for children entering kindergarten from Oregon and the surrounding community. **SAFETY TOWN**, a city built to a child's scale, is the setting in which safety awareness is taught and practiced. Teachers, police and fire personnel, with the assistance of teenage volunteers, will cover such topics as pedestrian, motorist, bus, railroad and a variety of other safety related topics. Movies, songs, poems, games and practice inside **SAFETY TOWN** will complement the daily classroom activities. Each session is five days (three and one half hours daily) with a concluding graduation program on the last day. No additional equipment necessary. **All children must be potty trained.**

SAFETY TOWN is sponsored by the Oregonian Club, in cooperation with the City Of Oregon's Police and Fire Departments and the Oregon City Schools. **SAFETY TOWN** is located at 3230 Starr Avenue (Starr Elementary School) and is offered in two sessions. Limit of 60 students per session.

Session 1: June 3rd – 7th (8:00 am – 11:30 am) with Graduation on June 7th at 10:30 am

Session 2: June 10th – 14th (8:00 am – 11:30 am) with Graduation on June 14th at 10:30 am

A required registration fee of \$30 must be paid before May 17th. A full refund if cancelled before May 24th and a partial refund of \$10 if before June 1st. Those seeking a "special financial hardship scholarship" must e-mail sshaw@oregoncs.org or call 419-698-7186. Make your check payable to "**City of Oregon**" and send in with completed registration form to: Oregon Police Division, Safety Town, 5330 Seaman Rd., Oregon, Ohio 43616. Payment may also be personally dropped at that same location with an envelope marked "Oregon Police Safety Town".

2019 Oregon Safety Town Registration

Child's Name: _____ Birth Date: _____ Age: _____

Kindergarten School: _____ Session: 1 2 **(Circle One)**

Parent/Guardian: _____ Phone: _____

Address: _____ T-shirt Size: 6-8 _____ 10-12 _____

Email Contact: _____ Cell #: _____

Emergency Contact: _____ Phone: _____
(If not Parent/Guardian)

As parent/guardian of _____, I hereby waive any claims for damage or for injury to the above named child against Oregon Safety Town, the City of Oregon, its instructors, agents and/or representatives. I also hereby give my permission for said child to travel by bus for field trips to visit both the Oregon Fire and Oregon Police Stations during my child's Safety Town Session. I understand that my child will be accompanied by his/her regular teachers and student helpers.

Parent/Guardian: _____ Date _____
(Signature)

**** Additional Information to be completed on back of this form ****

2019 Oregon Safety Town Registration Cont'd.

Information is held in strict confidence and is used only to facilitate a safe environment for your child.

Please list anyone who is NOT PERMITTED to visit/pick up your child at Oregon Safety Town:

List any health problems/concerns, as well as specify Emergency Medication Required (i.e. EpiPen)

Family Doctor: _____

Phone: _____

Dentist: _____

Phone: _____

Medical Specialist: _____

Phone: _____

Local Hospital: _____

Phone: _____

Facts concerning child's medical history, including allergies, medication being taken and any physical impairment to which a physician should be alerted: _____

I hereby give permission for _____'s health information listed to be shared with school staff and emergency care personnel as needed for care. **YES** **NO**

**** Children with Special Needs may require 1:1 Aide, provided by parent/guardian/agent ****

Part 1: TO GRANT CONSENT (Form used for field trips and medical emergencies)

*In the event reasonable attempts to contact me have been unsuccessful, I hereby **GIVE MY CONSENT** for (1) the administration of any treatment deemed necessary by the above-named doctors, or in the event the designated preferred practitioner is unavailable, by another licensed physician or dentist; and (2) the transfer of the child to 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 prior to the performance of such surgery.*

Parent/Guardian: _____

Date: _____

(Signature)

Part 2: REFUSAL TO CONSENT (Do not complete if you have completed Part 1)

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

Parent/Guardian: _____

Date: _____

(Signature)

OFFICE USE ONLY:

Date Received: _____ Registration Complete: _____ Check #: _____ Amt. _____