



Safety Town



Presented by the Western Reserve FFA

Registration available at WRHS and WRES

Featuring

- **Huron County Sheriff's Department**
- **Fire Department**
- **Buster the Bus & the Western Reserve Transportation Team**
- **Farm and Dog safety**
- **School Safety**
- **FTMC Helmets For Kids**



Safety Town is a program designed for incoming kindergarteners and first graders to teach many types of basic safety. The goal of this program is to learn how to be safe while having fun. This program is **\$10** for all participants. If there are any questions dealing with this program, please contact Libby French at 419-668-8470 ext. 2038.

Please mail your registration to:

Western Reserve FFA
3841 US Route 20 E
Collins, Oh 44826

Or

Please turn in to the Elementary or High school office by
May 24th, 2015



Monday-Thursday
June 22-25, 9am-12pm
At Western Reserve
Elementary School

Western Reserve Safety Town Emergency Medical Authorization

Name: _____ Date of Birth: _____ Home Phone: _____

Shirt Size: (Youth Sizes) XS S M L (Adult Sizes) S M L

Parents/Guardian: _____

Address: _____

PART 1 – TO GRANT CONSENT

Emergency Contact Numbers

Type of Contact Contact Name or Place Contact Phone Number

Mother/Guardian Daytime
Father/Guardian Daytime
Mother/Guardian Cell Phone
Father/Guardian Cell Phone
Childcare Provider
Relative
Emergency Contact
Hospital Preference

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 above-named physician/dentist, 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 any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring 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:

Date

Parent/Guardian Signature

Do not complete Part II, if Part I completed
PART II – REFUSAL TO CONSENT

I do NOT give my consent for emergen
Parent/Guardian Signature

Transportation

In order to release your child we must have permission from you stating who they are allowed to be released to. Please indicate below if you will be picking up your child

everyday, and if you will not be, please list the names of every person that you give permission for your child to be released to. Please check which option you are choosing.

_____ I/We as the Parent(s)/Guardian(s) of: _____
will be picking up our child everyday during the week of June 9th, 2014 to June 12, 2014.

_____ I/We as the Parent(s)/Guardian(s) of: _____
will not be able to pick up our child everyday during the week of June 9th, 2014 to June 12th, 2014, but we give permission to the following people to pick our child up:

Please list name and contact information

1. _____
2. _____
3. _____
4. _____
5. _____

Permission to Photograph/Videotape Release to Utilize Within Media Presentations

I/We as the Parent(s)/Guardian(s) of: _____
Do _____ DO NOT _____ grant permission for our child and their school work to be photographed and/or video taped by Western Reserve School District. (i.e. Western Front, Local Newspapers, School Publication, etc.”

I further understand that if I grant permission, release of any such video and/or audio materials for use within media presentations and/or publications of products, printed or electronic, which may be distributed electronically or otherwise, for the purposes of publicizing programs administered by Western Reserve Local Schools. I/We understand that my/our child’s name, school and grade placement may be revealed within such presentations and/or products, but no grades or other evaluative measures of the work will be included. The undersigned holds harmless and releases the Western Reserve Board of Education, its Administration and its staff from any liability arising out of the media presentations.

Name of Parent/Guardian (Please Print)

Parent/Guardian Signature

Date