

Classroom assignments are final!

Send to: Plain Township Fire Administration Office, Safety City, 1742 Schneider Street NE, Canton, Ohio 44721 by June 1, 2021.

You must complete the Medical Authorization Form on the back which authorizes emergency medical treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

Parent Name(Signature) _____
Parent Name(Print) _____

(other parent/guardian) _____
at (phone) _____

Reached at (phone) _____
Monday thru Wednesday while my child is in Safety City. If I cannot be reached, call _____

(Child's Name) _____
Has my permission to participate in the Safety City Program. In case of emergency, I can be _____

Address _____

Child's Name _____
Girl _____ Boy _____ School _____

Safety City Registration

**Plain Local Schools
901 44th Street, N.W.
Canton, OH 44709**

Non-Profit Org.
U.S. Postage
PAID
Canton, Ohio
Permit No. 2083



for Children Entering
Kindergarten in the Fall of 2021

FREE

offered by
Plain Local Schools

with

Plain Township Fire & Rescue
Stark County Sheriff's Office
Plain Township Division

**WARSTLER SCHOOL
2500 SCHNEIDER ST NE**

June 7, 8, 9, 2021
915am-1115am



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 Dr. _____ (preferred physician), or by Dr. _____ (preferred dentist) or in the event the designated practitioner is not available, by another licensed physician or dentist: (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. **This authorization does not cover major surgery unless the medical options of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of surgery.** Facts concerning child's medical history including allergies, medications being taken, and physical impairments to which a physician should be alerted: _____

Parent Name(Signature) _____ Date _____

Part II—Refusal to Consent (Do not complete if you completed Part I)

I do not give my consent to emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to _____

Parent Name(Signature) _____ Date _____

You need to know:

- Safety City is FREE!
- Transportation is the parent's responsibility.
- Prompt pick-up and drop off is vital.
- Play clothes should be worn.
- A snack will be provided.
- **This form must be completed and returned by June 1st.** This registration guarantees that your child is enrolled. Just show up on June 7th.

QUESTIONS

If you have any *questions* or *concerns*, please contact Inspector Scott Kelly at 330-492-4089.

REGISTRATION

To register, complete the attached form and send to:

Plain Township Fire Administration
Safety City
1742 Schneider Street, N.E.
Canton, OH 44721

**PLEASE REGISTER EARLY!
SPACE WILL BE LIMITED.**

**REGISTRATION DEADLINE:
Tuesday, June 1st**

What is Safety City?

Safety City is an educational program designed to introduce your pre-kindergarten child to safety issues. It is designed to educate young children in a non-threatening manner, while offering information that is easy for children to understand and use.

Who will teach the program?

The program is being taught primarily by members of the township safety forces. Your child will be under the supervision of an adult, assisted by a student volunteer.

Due to the ongoing pandemic, Safety City will be limiting the number of participants. If enrollment exceeds that number, a second session will be offered.