

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.
- **This form must be completed and returned by May 30th.** This registration guarantees that your child is enrolled. Just show up on June 6th.

QUESTIONS

If you have any *questions* or *concerns*, please contact Executive Assistant Vicki Lloyd 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:
Monday, May 30**

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.



for Children Entering
Kindergarten in the Fall of 2022

FREE
offered by
Plain Local Schools
with
Plain Township Fire & Rescue
Stark County Sheriff's Office
Plain Township Division

**OAKWOOD MIDDLE
SCHOOL**
2300 SCHNEIDER ST NE

June 6, 7, 8, 2022
915am-1115am



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

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

Safety City Registration

Child's Name _____ Girl _____ Boy _____ School _____

Address _____

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

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

E-mail _____

Parent Name(Signature) _____ Parent Name(Print) _____
You must complete the Medical Authorization Form on the back which authorizes emergency medical treatment for children who be-
come ill or injured while under school authority when parents or guardians cannot be reached.

Send to: Plain Township Fire Administration Office; **Safety City**, 1742 Schneider Street NE, Canton, Ohio 44721 by May 30, 2022.

Classroom assignments are final!