



for Children Entering
Kindergarten in the Fall of 2023

FREE

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

WARSTLER ELEMENTARY SCHOOL
2500 SCHNEIDER ST NE

June 20, 21, 22, 2023
0900am-1200pm



QUESTIONS

If you have any *questions* or *concerns*, please contact Executive Assistant Vicki Lloyd at 330-492-4089.

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

**REGISTRATION
DEADLINE:
Monday, May 29**

Send submissions by mail or email to
Plain Township Fire Administration
Safety City
1742 Schneider Street NE
Canton, Ohio 44721

fireprevention@plaintownshipstarkoh.gov

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.

You need to know:

- Safety City is FREE!
- Transportation is the parent's responsibility.
- Prompt pick-up and drop off is vital. **Drop off is between 0900 to 0915 daily. Pick-up will be from 1145 to 1200 daily. ID required for pick-up.**
- Play clothes should be worn.
- **This form must be completed by May 29th.** This registration guarantees that your child is enrolled. Just show up on June 20th.
- **GRADUATION CEREMONY** will be on Thursday June 22, 2023 at 1145. Families are welcome to attend. Photos permitted.

Safety City Registration

Child's Name _____

Girl

Boy

School _____

Home Address _____

(Child's Name) _____

Has my permission to participate in the Safety City Program. In case of emergency, I can be

reached at (phone) _____

Tuesday thru Thursday while my child is in Safety City.

If I cannot be reached, call (other parent/guardian) _____

at (phone) _____

E-mail _____

Individuals authorized to pick up your child at the end of each day need to have an ID available on the day of pickup and be listed on this form. Please list authorized adults who can pick up your child:

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

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

Part I—Emergency Medical Care and Transport

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
- (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 _____