

# SAFETY CITY REGISTRATION

Child's name \_\_\_\_\_

Girl  Boy School \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

(Child's Name) \_\_\_\_\_ has my permission  
to participate in Safety City.

In case of an emergency, I can be reached at  
(phone) \_\_\_\_\_ while my child is in  
Safety City.

If I cannot be reached, call other parent/guardian  
(name) \_\_\_\_\_  
at (phone) \_\_\_\_\_

Parent Name (Signature) \_\_\_\_\_

Parent Name (Print) \_\_\_\_\_

**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.**

Send to: Plain Township Fire Administration Office,  
Safety City, 1742 Schneider Street NE, Canton, Ohio  
44721 by May 30, 2024.

[fireprevention@plaintownshipstarkoh.gov](mailto:fireprevention@plaintownshipstarkoh.gov)

Classroom assignments are final!



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

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



# SAFETY CITY

## FOR CHILDREN ENTERING KINDERGARTEN IN THE FALL OF 2024

**FREE**

Offered by Plain Local Schools With  
Plain Township Fire & Rescue  
Stark County Sheriff's Office  
Plain Township Division

Warstler Elementary  
2500 Schneider St. NE

June 10, 11 and 12, 2024  
9:15 – 11:45 a.m.

# 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
- ✓ Play clothes should be worn
- ✓ A snack will be provided
- ✓ **The form must be completed and returned by May 30.** This registration guarantees that your child is enrolled. Just show up on June 10.

## Questions

If you have any questions or concerns, please call 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  
[fireprevention@plaintownshipstarkoh.gov](mailto:fireprevention@plaintownshipstarkoh.gov)

**Please Register Early!  
Space Will Be Limited.**

**Registration Deadline  
Thursday, May 30, 2024**

**Graduation Ceremony  
June 12 at 11:45 a.m.**

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) 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 the 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 take no action to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Name (Signature) \_\_\_\_\_

Date \_\_\_\_\_