



2021 SAFETY TOWN



Sponsored by: Bryan Kiwanis, Bryan Police and Fire Depts., Bryan City Schools, Bryan Parks & Rec. Dept.

Dear Parents,

Our children need Safety Education. Safety Town provides that first step into their safety education. Here is an organized solution to the problem of preparing our children to cope with and understand ever-increasing safety hazards.

Safety Town is a one week (five-day) program that introduces safety awareness and preventative procedures to children entering Kindergarten in the fall. During the course children learn through their own involvement about fire, poison, strangers, traffic, cars, buses, etc. They participate in safety activities in the indoor classroom and practice safety lessons on the outdoor layout. Role-playing in simulated and real-life situations, under the guidance of a teacher, provides children with beneficial learning experiences.

During these early formative years, we want our children to develop proper safety habits and, most importantly, a safe attitude which will guide them in making safe decisions throughout their lives.

To register for 2021 classes, complete the registration form below and return it and the \$10.00 fee to the Parks and Recreation Department office. There is a strict limit of **twelve** children per class, so register early to be assured a spot. Classes are held Monday through Friday. You will be notified by mail to confirm your class request.

If you have any questions about the program, call 419-633-6030.

COVID-19 - The Bryan parks and Recreation Department will continue to follow all COVID-19 guidelines & restrictions and will expect all participants to do the same.

Registration Form

(Only For Children Entering Kindergarten & Cubdergarten this Fall)

Child's Name _____ Age _____

Parent/Guardian _____
(Print)

Address _____ Phone _____

I give Bryan Parks and Recreation permission to take my child's photo and understand that it may be used for the newspaper, advertisement or promotional events and social media.

_____ Yes, I give permission _____ No, I do not give permission

Parent/Guardian Signature _____ Date _____

Please Indicate First (1st) and Second (2nd) Choices:

JUNE 14th-18th	JULY 19th-23rd	July 26th-30th
____ 10:00AM-12:00 PM	____ 10:00AM-12:00 PM	____ 10:00AM-12:00 PM
____ 6:00-8:00 PM	____ 6:00-8:00 PM	____ 6:00-8:00 PM

FEE: \$10.00 (includes T-shirt): Send with form to:
Bryan Parks and Recreation Department, P.O. Box 190, Bryan, Ohio 43506.

SEE OTHER SIDE

BRYAN PARKS & RECREATION DEPARTMENT

EMERGENCY MEDICAL AUTHORIZATION

Participant's Name

Participant's Address

Participant's Telephone Number

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in activities/events under the authority of the Parks & Recreation Department, while the parents or guardians cannot be reached.

PART I OR PART II MUST BE COMPLETED

PART I - To Grant Authority.

In the event reasonable attempts to contact me at _____ (Mother's home phone) or at _____ (Mother's business phone), at _____ (Father's home phone) or at _____ (Father's business phone) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician), or Dr. _____ (preferred dentist), or, in the event that the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does NOT cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in 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 of which a physician should be alerted are: _____

DATE

SIGNATURE OF PARENT OR GUARDIAN

ADDRESS

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II - Refusal To Consent.

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the Parks & Recreation authorities to take NO action or to:

DATE

SIGNATURE OF PARENT OR GUARDIAN

(Please Fill Out and Return)

ADDRESS