

# FAIRLAWN SAFETY TOWN

## REGISTRATION FORM

Child's Name: \_\_\_\_\_

**(Please Print Clearly)**

Home Address: \_\_\_\_\_

\_\_\_\_\_  
**(City, State & Zip Code)**

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School child will attend in fall: \_\_\_\_\_ Grade: \_\_\_\_\_

Session Preference: 9:00 am-11:30 am \_\_\_\_\_ 1:00 pm-3:30 pm \_\_\_\_\_ Either \_\_\_\_\_

**\*\*\*Session preferences are not guaranteed\*\*\***

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### HEALTH INFORMATION

Person to notify in case of emergency: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Please list any allergies, conditions or behavioral problems that you feel are pertinent or any special medical or dietary regimens: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does a qualified First Aider have permission to administer first aid treatment to your child in case of illness or accident? Yes \_\_\_\_\_ No \_\_\_\_\_

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### EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in Safety Town activities when a parent/guardian cannot be contacted.

I hereby give my consent for emergency medical treatment of my son/daughter in the emergency room of the nearest hospital.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**\*\*\*See second page\*\*\***

# PERMISSION SLIPS

To assist us in teaching your child about fire safety, the Fairlawn Fire Dept visits Safety Town with the Fire Safety House. The Safety House is a mobile one-story house used to show children how to exit a smoke filled dwelling. The simulated smoke is non-toxic "pretend" smoke that simulates the atmosphere of a burning house. Your child will be accompanied by firefighters, police officers, adult volunteers and student volunteers during the demonstration.

**Although the smoke is of non-toxic origin, the manufacturer warns that individuals suffering from emphysema, asthma or those diagnosed as having an allergic reaction to smoke or any other respiratory ailment should not be exposed to this artificial smoke.**

If you wish to permit your child to be a part of this activity, please mark the appropriate line below. If you have a concern, we can send your child through without the non-toxic smoke. If this is your choice, please indicate so below.

Also, to assist us in teaching your child about school bus safety, the Copley-Fairlawn school district extends the use of a full size school bus and driver to transport us from the Fairlawn Community Center to Fort Island Park and back. Your child will be accompanied by police officers, adult volunteers and student volunteers during the bus ride.

If you wish to permit your child to be a part of this activity, please sign the parental consent/release form below.

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\_\_\_\_\_ I would like for my child to participate in the exercise involving non-toxic smoke

\_\_\_\_\_ I do not want my child to be exposed to the non-toxic smoke

**I understand the arrangements and believe that the necessary precautions and plans for the care and supervision of my child will be taken during this exercise. Beyond this, I will not hold the City of Fairlawn, the Fairlawn Police Department, the Fairlawn Fire Department, Youth Fire Prevention Training Inc., it's officers, agents, servants, employees or others supervising this activity responsible for any accident or injury.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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**I do hereby give my permission for my child \_\_\_\_\_, to participate in School Bus Safety Day at Safety Town. I understand the arrangements and believe that the necessary precautions and plans for the care and supervision of my child will be taken during this exercise. Beyond this, I will not hold the City of Fairlawn, the Fairlawn Police Department, it's officers, employees or others supervising this activity responsible for any accident or injury.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**\*Registration forms will be accepted at the Fairlawn Police Dept., 3487 S. Smith Rd., Fairlawn, OH 44333\***