

2023 Oregon Safety Town Registration



SAFETY TOWN is an organized program of safety education for children entering kindergarten from Oregon and the surrounding communities. **SAFETY TOWN**, a city built to a child's scale, is the setting in which safety awareness is taught and practiced. Teachers, police and fire personnel, with the assistance of teenage volunteers, will cover such topics as pedestrian, motorist, bus, railroad, water, and a variety of other safety related topics. Movies, songs, games, and practice inside **SAFETY TOWN** will complement the daily classroom activities. Each session is five days (see below for times). **All children must be potty-trained.**

SAFETY TOWN is sponsored by the Oregonian Club, in cooperation with the City of Oregon's Police and Fire Departments and the Oregon City Schools. **SAFETY TOWN** is located at 3230 Starr Avenue (Starr Elementary School) and is offered in two sessions. Limit of 60 students per session.

Session 1: June 5th – 9th (8:00 am – 11:30 am) with Graduation on June 9th at 10:30 am

Session 2: June 12th – 16th (8:00 am – 11:30 am) with Graduation on June 16th at 10:30 am

A required registration fee of **\$30** must be paid before May 19, 2023. A full refund if cancelled before May 26, 2023 and a partial refund of \$10 if before June 2, 2023. Those seeking a "special financial hardship scholarship" must e-mail sshaw@oregoncs.org or call 419-698-7186. Make your check payable to the **"City of Oregon"** and send in with completed registration form to: *Oregon Police Division/Safety Town, 5330 Seaman Rd., Oregon, Ohio 43616.* Payment/registration can be dropped off at the Oregon Police Division's Main Lobby with an envelope marked "Oregon Police Safety Town". Payment/registration may also be turned in to Coy, Starr, or Jerusalem Elementary school offices.

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Child's Name: _____ Birth Date: _____ Age: _____

Kindergarten School: _____ Session: 1 2 **(Circle One)**

Parent/Guardian: _____ Phone: _____

Address: _____ T-shirt Size: 6-8 _____ 10-12 _____

Email Contact: _____ Cell #: _____

Emergency Contact: _____ Phone: _____
(If not Parent/Guardian)

As parent/guardian of _____, I hereby waive any claims for damage or for injury to the above named child against Oregon Safety Town, the City of Oregon, its instructors, agents and/or representatives.

Parent/Guardian: _____ Date _____
(Signature)

**** Additional Information to be completed on back of this form ****

2023 Oregon Safety Town Registration Cont'd.

Information is held in strict confidence and is used only to facilitate a safe environment for your child.

Please list anyone who is NOT PERMITTED to visit/pick up your child at Oregon Safety Town:

List any health problems/concerns, as well as specify Emergency Medication Required (i.e., EpiPen)

Family Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Phone: _____

Facts concerning child's medical history, including allergies, medication being taken and any physical impairment to which a physician should be alerted: _____

I hereby give permission for _____'s health information listed to be shared with school staff and emergency care personnel as needed for care. _____ **YES** _____ **NO**

**** Children with Special Needs may require 1:1 Aide, provided by parent/guardian/agent ****

Part 1: TO GRANT CONSENT

*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 the above-named doctors, or in the event the designated preferred practitioner is unavailable, by another licensed physician or dentist; and (2) the transfer of the child to 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.*

Parent/Guardian signature _____ Date: _____

Part 2: REFUSAL TO CONSENT (Do not complete if you have completed Part 1)

*I **DO NOT** give my consent for emergency medical treatment for my minor child. In the event of illness or injury requiring emergency treatment, I wish authorities to take the following action:*

Parent/Guardian signature _____ Date: _____

OFFICE USE ONLY:

Date Received: _____ Registration Complete: _____ Check #: _____ Amt. _____