



2024 SAFETY TOWN



Sponsored by: Bryan Civic League, Bryan Police and Fire Depts., Bryan City Schools, Williams County EMS & 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 Mon.- Thur. (four-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 2024 classes, complete the registration form below and return it and the \$20.00 fee to the Parks and Recreation Department office. There is a strict limit of **fifteen** children per class, so register early to be assured a spot. Classes are held Monday through Thursday. You will be notified by mail to confirm your class request. Need not be a resident of Bryan to participate.

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

Registration Form

(Only For Children Entering Kindergarten & Cubergarten 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 10th-13th
____ 10:00AM-12:00 PM
____ 6:00-8:00 PM

July 29th-Aug. 1st
____ 10:00AM-12:00 PM
____ 6:00-8:00 PM

FEE: \$20.00 (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 phone) or at _____ (Mother's business phone), at _____ (Father's 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

ADDRESS

(Please Fill Out and Return)