

SESSION 1: _____ 8:30 A.M. – 10:30 A.M. _____ 11:00 A.M. – 1:00 P.M. _____ CLASS: A _____ B _____ C _____ D _____ COLOR: _____	SESSION 2: _____ 8:30 A.M. – 10:30 A.M. _____ 11:00 A.M. – 1:00 P.M. _____ CLASS: A _____ B _____ C _____ D _____ COLOR: _____	PAYMENT: _____ CHECK # _____ CASH # _____ AMOUNT _____
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**NORTH ROYALTON CITY SCHOOLS  
SAFETY TOWN 2019  
REGISTRATION FORM**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Boy Girl  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Nickname at School (if any) \_\_\_\_\_

**Emergency Phone Numbers**

Mother \_\_\_\_\_ Home \_\_\_\_\_ Father \_\_\_\_\_ Home \_\_\_\_\_  
Cell \_\_\_\_\_ Cell \_\_\_\_\_

I give my permission for the following people to be contacted **in case of emergency** (if parents *are not* able to be reached) and/or **pick up my child from Safety Town.**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY INFORMATION**

**Special Health Problems (i.e. Allergies): Life Threatening? Yes No**  
If yes, please contact our District Health Coordinator at (440) 582-9067 to receive the necessary paperwork/plans to insure your child's health and safety before May 29, 2019.

Preferred Physician Name and Phone: \_\_\_\_\_

Preferred Dentist Name and Phone: \_\_\_\_\_

Preferred Medical Specialist Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Special Needs and/or IEP we should be aware of:  
\_\_\_\_\_

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 my preferred physician or preferred dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the 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 before the surgery is performed. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed above.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**FIELD TRIP AUTHORIZATION**

The Safety Town classes will be visiting the fire and police stations during one of the class times. Please sign below if you will allow your child to participate in this field trip. The children will be transported by school bus and be returned to the Middle School in time for their regular dismissal.

Date \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_