

SESSION DATE _____ A.M. or PM LOCATION: _____

MIDLAND/GLADWIN RED CROSS SAFETY TOWN REGISTRATION

(This form must be completed by parent or guardian)

CHILD'S NAME _____ PARENT(S) _____

STREET ADDRESS/ZIP _____

PHONE # _____ WORK PHONE# _____ CELL PHONE# _____

MAILING ADDRESS/ZIP (IF DIFFERENT FROM ABOVE) _____

SCHOOL ATTENDING IN FALL _____ E-mail _____

BIRTH DATE _____ (Child must be attending Kindergarten in the fall or have just completed Kindergarten)

HEALTH HISTORY

Please indicate if your child has any of the following, which might restrict their activities at SAFETY TOWN, or require quick medical attention.

Asthma _____ Hay Fever _____ Reaction to insect bites _____

Any food allergies _____

Other allergies or health needs _____

*Please note any other health-related information, which would be helpful for SAFETY TOWN teachers (example: hearing loss, physical limitations, visual impairments, special needs, etc.)

*To ensure a positive Safety Town experience for everyone, we request that a responsible person attend and stay with children who need special assistance.

AUTHORIZATION AND EMERGENCY RELEASE

This health history is correct so far as I know and the child described herein has my permission to participate in all SAFETY TOWN activities except as noted by our family doctor or me. I/we will not hold the American Red Cross, its staff or its volunteers liable for injuries that may occur during any SAFETY TOWN activities.

Permission is given to seek medical attention for my child in the event of an emergency and for my child to receive emergency first aid until help arrives.

DATE _____

PARENT/GUARDIAN SIGNATURE _____

NAME OF FAMILY DOCTOR _____

DOCTOR'S PHONE NUMBER _____

PLEASE CONTINUE ON REVERSE SIDE

LOCAL EMERGENCY CONTACT

In the event the SAFETY TOWN staff is unable to reach me, the following person is authorized to act in my behalf:

NAME: _____ PHONE: _____

RELATIONSHIP TO FAMILY _____

DAY CARE PROVIDER (if applicable) _____

TRANSPORTATION/RELEASE AUTHORIZATION

Please list the names of any persons other than the legal parent or guardian to whom your child may be released.

PLEASE NOTE: The person picking up your child MUST show photo ID and be on this list.

1. _____

2. _____

3. _____

PHOTOGRAPHS/INFORMATION RELEASE AUTHORIZATION

Permission is granted to the Midland County American Red Cross to allow photographs of my child _____ while s/he participates in the SAFETY TOWN program. I understand that these photographs and any identification information may be published in a local newspaper such as the Midland Daily News or used by the Red Cross for publicity purposes and I authorize that use.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Check your child's T-shirt size. (6-8) (10-12) (14-16) T-shirts will be distributed the first day of your child's Safety Town session.

American Red Cross
Safety Town Registration
220 W. Main St. Suite 104
Midland, MI 48640

Questions? Please call (989) 631-3262 or e-mail jdougherty@redcross-midglad.org
Thank you.