



for Children Entering
Kindergarten in the Fall of 2024

FREE

offered by
Louisville Police Dept.
At
Louisville City Schools

NORTH NIMISHILLEN
ELEMENTARY
7337 Easton Street

June 24th-27th
4 mornings

8:45 a.m. - 12:00 p.m.



Safety City Registration/Medical Authorization Form

Name _____
Address _____
Phone _____
_____ has my permission to participate in the Safety City Program. In case of emergency, I can be reached at _____
_____ Monday through Thursday while my child is in Safety City. If I cannot be reached, call (other parent/guardian) _____
_____ at (phone) _____
_____ Email address for confirmation and up-
dates _____

Parent Name (Signature) _____
Parent Name (Print) _____
You must complete the Emergency Medical Authorization Form on the back which authorizes emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.
Send to: Louisville Police Department, 1150 West Main Street, Louisville Ohio 44641.
Email address for confirmation of registration: _____

What is Safety City?

Safety City is an educational program designed to introduce your pre-kindergarten child to safety issues. It is designed to educate young children in a non-threatening manner, while offering information that is easy for children to understand and use.

Who will teach the program?

The program is being taught primarily by members of the city and township safety forces. Your child will be under the supervision of an adult, assisted by a student volunteer.

What is taught in Safety City?

The first day will be a general introduction to the program. This will allow the children to explore the program and become comfortable with their surroundings. (this is a sample schedule)

- Day 1: Introduction
Poison Safety/Stranger Danger
- Day 2: Food Nutrition and Wellness
Bike Safety
- Day 3: Burn Safety
Pet Safety/Gun Safety
Fire Safety
- Day 4: Library and Playground Safety

**AFTER REGISTERING SAVE
THIS FORM AS A REMINDER!**

You need to know:

- Safety City is FREE!
- Transportation is the parent's responsibility.
- Prompt pick-up and drop off is vital.
- Play clothes should be worn.
- Any special requests about friends being placed in the same group must be noted on the registration form.
- **This form must be completed and returned by June 7th 2024.**
- Keep form as a reminder.

EMERGENCY

In the event of an **emergency** and you need to contact us during the time your child is in Safety City, you may call 330-875-1607.

QUESTIONS

If you have any **questions** or **concerns**, please contact SRO Rachel Carosello at 330-875-1607.

REGISTRATION

To register, complete the attached form and send to:

Louisville Police Dept. /Safety City
C/O SRO Rachel Carosello
1150 West Main Street
Louisville, OH 44641
rcarosello@louisvilleohio.org

PLEASE REGISTER EARLY!

**REGISTRATION DEADLINE:
FRIDAY JUNE 7th.**

Signature of parent or guardian _____

Date _____

to take no action or to

I do not give my consent to emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities

Part II - Refusal to Consent (Do not complete if you completed Part I)

Signature of parent or guardian _____

Date _____

alerted

Facts concerning child's medical history including allergies, medications being taken, and physical impairments to which a physician should be

concurring in the necessity for such surgery, are obtained prior to the performance of surgery.

any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists,

practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or

by Dr. _____ (preferred physician), or Dr. _____ (preferred dentist) or, in the event the designated preferred

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

Part I - Medical Authorization Consent