The 2023 Jackson Township Safety Village

The 2023 Jackson Township Safety Village will be held from June 12 through June 15, 2023 at Sauder Elementary School located at 7503 Mudbrook Street NW.

Children that reside in Jackson Township and have completed Kindergarten or First Grade during the 2022 – 2023 school year are eligible to attend.

The hours of Safety Village are from 8:45 a.m. until noon daily.

Fire & Police lessons include: Bicycle & Pedestrian Safety, Stranger Danger, Internet Safety, Calling 911, Fire Prevention, Two Ways Out, and Crawling under Smoke.

Additional lessons taught throughout the week include: Poison & Drug Safety, Bus & Railroad Safety, and Water Safety/Weather Safety.

The lessons are a combination of classroom and hands-on, giving the children an opportunity to see fire and police equipment up-close and to ask questions. If you are interested in enrolling your child, information/registration forms are available at the Jackson Township Safety Center located at 7383 Fulton Drive NW.

Forms may be picked up beginning Monday, April 3, 2023 and returned by Friday, May 26, 2023. (Sorry, no forms will be mailed.)

The cost for Safety Village is $25.00 per child, and it is limited to 120 children.

Jackson Safety Village is a cooperative effort between the Jackson Township Fire & Police Departments and the Jackson Local Schools.

2023 SAFETY VILLAGE REGISTRATION
****NO CONFIRMATION WILL BE MAILED BACK****

Please make checks payable to **Jackson Township Safety Village**

Amount Enclosed $ _____ Check/Cash

Child's Name_____ Boy / Girl

Date of Birth_____ T-shirt size (child sizes – circle one) S M L

School _____ Age_____ Current Grade _____ (6-8) (10-12) (14-16)

Home Address_____ Zip_____

Home Phone_____ Cell Phone_____ Emergency Phone_____

Parent/Guardian Name(s) _____

**My child has my permission to be picked up by _____

_____ **I will provide (1 dozen) cookies for graduation on Thursday, June 15, 2023.**

PARENT SIGNATURE_____

Drop off time each day is between 8:45 a.m. and 9:00 a.m. Pickup time is 12:00 noon at your child's classroom.

****If someone other than a parent is picking up a child, we must have that person indicated on the line above, or daily written notice provided to their child's group leader.***

JACKSON TOWNSHIP SAFETY VILLAGE
EMERGENCY MEDICAL AUTHORIZATION - 2023

Enrollment in Safety Village is voluntary. Jackson Local Schools and any of its employees or persons volunteering for the program will not be held responsible for any injuries as a result of the planned activities.

PLEASE COMPLETE PART I OR PART II, *NOT BOTH*

Part I – 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 designated physician or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the designated hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion 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 to which a physician should be alerted: _____

_____ _____
Date Signature of Parent or Guardian

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 treatment, I wish the program authorities to take no action or to: _____

_____ _____
Date Signature of Parent or Guardian

PLEASE COMPLETE RELEASE FORM

JACKSON SAFETY VILLAGE MEDIA RELEASE FORM

☐ I GRANT

☐ I DENY

permission to Jackson Township Safety Village to use my child's photograph, slide, audio and/or video recording in its media releases, presentations, website and/or Facebook page. Only photographs are used. No information regarding a child's identity, such as a name tag, is published.

_____
Child's Name

_____ _____
Parent/Guardian Signature Date

For further information concerning this safety program, please contact:

Jackson Township Fire Prevention Bureau
330-834-3951

GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY POLICE DEPARTMENT

OPERATION KIDWATCH

PERMISSION SLIP

I, _____, Parent / Guardian of _____
PARENT NAME (PLEASE PRINT) CHILD NAME (PLEASE PRINT)

give permission to the Greater Cleveland Regional Transit Authority Police Department *Operation KidWatch* Unit to fingerprint and photograph my child named above. I understand that the fingerprints and photograph will be imprinted on a wallet-sized card and that card will be returned to me upon completion.

I understand there is no charge for this service and it is strictly voluntary on my part to have my child participate. I further understand that no record of the data contained in the *Operation KidWatch* database is being kept by any agency, public or private.

Parent Signature: _____ Date: _____

CHILD INFORMATION

The information requested below will be printed on your child's Operation KidWatch card and is for identification purposes only.

Child being fingerprinted and photographed is:

Full Name _____
(First / Middle Initial / Last)

Male / Female (circle one)

Date of Birth _____
(Month / Day / Year)

Hair Color _____

Eye Color _____

Please note any unique external characteristics / information:

_____

Compliments of the Greater Cleveland Regional Transit Authority Police Department
1240 W. 6th Street, Cleveland, OH 44113