

Parent/Guardian, please fill out and sign:

I give my child _____ permission to help with the Olmsted Safety Town program. I also give permission for my child to ride the school bus on the Safety Town fieldtrip.

Parent/Guardian Signature _____

Date _____

**Olmsted Early Childhood PTA
Safety Town 2017**

Emergency Information

Child's name _____
Birthday _____

Parent(s)/Guardian(s) Name _____
Address _____

Home Phone _____
Work Phone _____
Cell Phone _____

Please list any allergies that your child has (i.e. bee stings, food, medication, etc)

Please list any medication your child is currently taking _____

Please list 2 people we can contact in case of an emergency:

- 1) Name _____
Phone Number _____
Relation to child _____
- 2) Name _____
Phone Number _____
Relation to child _____

Please list the names of individuals who are permitted to pick up your child from Safety Town

1. _____
2. _____
3. _____

Physician's Name and Telephone Number _____

Do we have permission to send your child to the nearest hospital in case of emergency?
Please circle and sign. YES NO

Signature _____ Date _____

**Safety Town is funded by your fees and subsidized through OECPTA and benefactors who donate through this PTA. Donations are always accepted. You are welcome to contact the PTA with your thoughtful donation.*