REYNOLDS MEMORIAL HOSPITAL
800 Wheeling Avenue
Glen Dale, WV 26038
Phone / 304-845-3211
Fax / 304-843-3202

SAFETY TOWN 2018

SAFETY TOWN REGISTRATION FORM

This safety course will take place at WVU Medicine Reynolds Memorial Hospital from June 18 – 29 for a total of ten weekdays from 9:30 a.m. until 11:30 a.m. Please DO NOT drop off your student before 9:20 a.m. Please note Safety Town students must be 4 or 5 years old by June 18, 2018.

Child's Name: _____

Age: _____ Birthday: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Best number to contact during Safety Town: _____

Child's Address (the one you wish for them to learn):

_____

_____

Child's Phone Number (the one you wish for them to learn):

_____

Child's t-shirt size (please circle): Small Medium Large

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WVU Medicine Reynolds Memorial Hospital will take reasonable care to see that the following information will be held in confidence. Please do not send your child if he/she has a contagious illness.

Please list any allergies (medication, food, plants, insects, or other):

_____

_____

Does the child take any medications that will need administered during Safety Town?

_____

_____

Does the child have a medically prescribed diet that will need adhered to during Safety Town? Yes/No
If so, please explain:

_____

_____

Please list the people who have permission to pick up your child from Safety Town:

_____

_____

If there is anyone who is absolutely not permitted to pick up your child, please list their name here and discuss with the Safety Town instructor:

_____

_____

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Please read carefully. By signing, I agree to the following:

My child or the child I am legal guardian for may participate in the Safety Town program, sponsored by WVU Medicine Reynolds Memorial Hospital, June 18 - June 29, 2018.

WVU Medicine Reynolds Memorial Hospital may use and reproduce photographs taken of my child during Safety Town for publicity purposes.

My child may ride on a school bus to Glen Dale Park for a demonstration of school bus and playground safety.

In consideration for the services being provided, I waive any and all claims for damages that I and/or the registered child may have against WVU Medicine Reynolds Memorial Hospital, their employees, volunteers and agents.

I am the custodial parent and/or legal guardian of the registered child and have legal authority to sign this Registration Form.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Please include the $25 course fee with your application. This fee includes all snacks, classroom materials, a graduate t-shirt and a bicycle helmet. Cash is accepted. Checks may be made payable to WVU Medicine Reynolds Memorial Hospital.

Safety Town will take 40 students on a first-come, first-serve basis. We cannot hold a seat for your child until the $25 course fee has been paid.