



**POLICE DEPARTMENT**

27300 Hilliard Blvd. Phone 440.871.3311  
Westlake, OH 44145 Fax 440.835.6444

January 2019

Dear Parents:

Again, this summer, Westlake Safety Town will be offered to children entering **Kindergarten** (ages 4.5 – 6 years old) in the fall of 2019. Safety Town is a series of planned and controlled situations where a child is exposed to many safety lessons. **Westlake Safety Town is located in front of the Police Station at 27300 Hilliard Blvd.**

**Registration for Westlake Residents (only) will begin Monday, April 15, 2019 ONLINE** using the Recreation Department's RecTrac system. The registration fee is \$25 for Westlake residents. Payment is due at the time of registration and a completed "Medical, Photography & Transportation Consent Form" is due by the first day of your child's program.

**Registration for nonresidents will open on Monday, April 29, 2019 ONLINE** using the Recreation Department's RecTrac system. The registration fee is \$40 for non-residents. Payment is due at the time of registration and a completed "Medical, Photography & Transportation Consent Form" is due by the first day of your child's program.

An account for RecTrac is required to register for Safety Town. If you do not have a RecTrac account, please create one prior to registration by going to: <https://webtrac.cityofwestlake.org/wbwsc/webtrac.wsc/wbsplash.html> and clicking on "New Household Account". If help is required, please contact the Recreation Department at 440-808-5700 to complete your online student registration.

There will be NO registrations accepted prior to online registration date of April 15.

<b><u>Session One:</u></b>	<b><u>Session Two:</u></b>	<b><u>Session Three:</u></b>	<b><u>Session Four:</u></b>	<b><u>Session Five:</u></b>
<i>(June 10 – June 14)</i>	<i>(June 17 – June 21)</i>	<i>(June 24 – June 28)</i>	<i>(July 8 – July 12)</i>	<i>(July 15 – July 19)</i>
8:30am – 11:00am	8:30am – 11:00am	8:30am – 11:00am	8:30am – 11:00am	8:30am – 11:00am
12:00pm – 2:30pm	12:00pm – 2:30pm	12:00pm – 2:30pm	12:00pm – 2:30pm	12:00pm – 2:30pm

**Westlake Safety Town is held each day, rain or shine, and is located in front of the Westlake Police Department (27300 Hilliard Blvd).** On the first day of class, parents are required to stay for the first 30 minutes to review our expectations and schedule. Children should wear weather/activity appropriate clothing and shoes. (For safety: NO FLIP FLOPS should be worn at Safety Town!)

Updates/Changes please check: [www.cityofwestlake.org/Safety-Town](http://www.cityofwestlake.org/Safety-Town) or call: **440-892-3156**

I look forward to meeting you and teaching your child all about safety!

Olivia Kostecke  
Director, Westlake Safety Town

Westlake Safety Town  
Westlake Police Department  
27300 Hilliard Blvd  
Westlake, OH 44145  
440-892-3156  
[SafetyTown@westlakepolice.us](mailto:SafetyTown@westlakepolice.us)

# Westlake Safety Town

## Medical, Photography & Transportation Consent Form

### Participant's Information:

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent /Legal Guardian Information:

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Contacts:

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Authorized Person(s) for Pick-up/Drop-off:

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Medical Information:

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Information Continued:**

- Allergies (environmental, food, medication, etc.): \_\_\_ Yes / \_\_\_ No

If yes, please explain and list any medication used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Asthma: \_\_\_ Yes / \_\_\_ No

If yes, please explain and list any medication used: \_\_\_\_\_  
\_\_\_\_\_

- Diabetes: \_\_\_ Yes / \_\_\_ No

If yes, please explain and list any medication used: \_\_\_\_\_  
\_\_\_\_\_

- Epilepsy: \_\_\_ Yes / \_\_\_ No

If yes, please explain and list any medication used: \_\_\_\_\_  
\_\_\_\_\_

- Any other medications taken regularly: \_\_\_ Yes / \_\_\_ No

If yes, please explain and list medication used: \_\_\_\_\_  
\_\_\_\_\_

- Other important information to be known by staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission to administer child’s medication during program (if necessary): \_\_\_ Yes / \_\_\_ No

**Consent:**

- ✓ As a parent/legal guardian, I do herewith authorize the City of Westlake to provide transportation to the nearest hospital for my minor child in the event of a medical emergency while they are participating in Westlake Safety Town.
- ✓ I grant permission for the City of Westlake to take and use photographs for the purpose of Westlake Safety Town.
- ✓ I give the City of Westlake permission to transport my minor child as part of his/her participation in Westlake Safety Town program, by whatever means of transportation the City of Westlake deems appropriate.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_