

UNION SAFETY CRUSADE

July 21-22, 2017

Child Safety Program

Hosted by Union Ambulance District, Union Fire Protection District, Union Police Department and Franklin County Sheriff's Department

What is Safety Crusade?

Safety Crusade is a two-day program designed for children entering Kindergarten through third grade in the upcoming fall school year. Safety Crusade is a camp where children learn some of the most important safety lessons using fun and innovative ways to teach the lessons. Safety Crusade has hands-on safety education for children in the form of driver's training in a miniature town. The town has marked streets, traffic signals, stop signs, miniature buildings, and even a railroad crossing, all designed to be as authentic as possible to provide the most exciting and effective safety training for children available anywhere! Children will also be involved in obstacle courses, singing songs and other games, plan to get wet! Snacks are provided. Safety topics covered include:

- *How to call 911
- *First Aid/CPR
- *Safety around animals
- *Body Safety Education
- *Electrical Safety
- *Bullying Prevention
- *Fire Safety
- *Pedestrian/bicycle Safety
- *Water safety
- *Seatbelt/School bus Safety

Where is Safety Crusade?

This two-day program will be conducted on July 21 and 22 from 8am-12pm at Immaculate Conception School, 6 W State Street Union, MO 63084. Children will be dropped off and picked up at the gym entrance on State Street, you will not be able to pull your vehicle into the parking lot. Identification will be required to pick up your child. Join us for Graduation Saturday, July 22 at 11:30 in the gym to watch your child graduate from Safety Crusade!

How do I register my child?

You may register by going to unionambulance.org and printing off a registration form and mailing it in to 211 S Church Street Union, MO 63084. Registration forms may also be picked up at the offices of any of the hosting departments during office hours and returned to Union Ambulance District. All registration information, emergency contact information, releases and consent forms must be filled out in order for your child to be registered. Safety Crusade is a free program; we ask that you bring a canned good or a donation to Backstoppers on your first day of camp. Any Questions, please contact Ken Koch or Liz Szpatoski at 636-583-2600

Union Safety Crusade Registration Form

Child's Name: _____

Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: _____

Mother's Name: _____

Business Phone: _____ Cell Phone: _____

Father's Name: _____

Business Phone: _____ Cell Phone: _____

Emergency Contact Information

Contact Person: _____

Phone: _____ Relationship: _____

Address: _____

Child's Physician: _____

Physician's Phone Number: _____

Insurance Company: _____

Food Allergies: _____

Medical Needs: _____

Emergency Consent Form

Union Safety Crusade Program

Child's Name: _____

Date of Birth: _____ Sex: _____

Address: _____

Allergies: _____

This emergency Consent Form will be used by Mercy Hospital as authorization for treatment if a parent or guardian can't be reached or can't be with a child when such urgent care is needed. If Mercy Hospital has this completed form and an urgent care situation arises, your child will receive prompt medical treatment.

CONSENT TO URGENT MEDICAL TREATMENT FOR A MINOR

Pursuant to Section 431.061-431.063, R.S. Mo.

The undersigned, being parents of _____, do hereby expressly authorize Mercy Hospital and its physicians to provide any and all urgent medical care and treatment for our child. This authorization includes admission to Mercy Hospital if, at the time of injury or illness in my absence, a physician determines such hospital authorization is necessary. The undersigned hereby expressly agree to pay **all** charges incurred on behalf of our child.

Mother's Signature

Date

Mother's Place of Employment

Business Phone

Home Phone

Father's Signature

Father's Place of Employment

Business Phone

Home Phone

Safety Crusade Official Release Form

I, _____ (Name of parent or guardian), hereby give permission for my child, _____, to participate in the Safety Crusade course hosted by the Union Ambulance District, Union Fire Protection District, Union Police Department and Franklin County Sheriff's Department on July 21 & 22, 2017. I understand that I am responsible for my child's actions and assume all liability on my child's behalf during said course.

I assume liability for materials that I/or above named Districts/Departments or Immaculate Conception School provides on my child's behalf and understand that I am hereby liable for any said accident and/or incident occurring as a result.

It is agreed and understood that, for and in consideration of the above named Districts/Departments organizing, hosting and supervising said course, the Districts/Departments and all persons acting in their behalf, shall be and are hereby released from any and all liability of every nature or kind caused by negligence of the above named Districts/Departments, Immaculate Conception School or otherwise.

On behalf of the participating child named herein, the undersigned parent or guardian further agrees to indemnify and hold harmless the above named Districts/Departments and Immaculate Conception School and all persons acting for them, from and against any and all losses, expenses, demands and claims of any kind which may be made against them relating to or arising from said course, without reference to negligence.

I further hereby consent that any and all photographs or videotapes of my child taken at Safety Crusade may be used by Union for the purpose of promoting Safety Crusade in newspapers, magazines, and other publications, as well as on TV.

I have read the above agreement and understand its content and effects, and I acknowledge that the above activity is voluntary and freely choose to allow my child to participate in such activity.

Parent and/or Legal Guardian

Date

I am the child's (circle one) Father Mother Guardian

Other: _____

Bicycle Helmet Distribution Form

KOHL'S4kids/Cardinal Glennon Children's Medical Center

Parent's Name: _____

Parents's DOB: _____

Child's Name: _____

Child's DOB: _____

Home Address: _____

City, State & Zip Code: _____

Helmet Size Fitted: _____

