



2026 Lake Township Safety Town Registration

August 3-7, 2026 (9:00am-11:30am) | Lake Elementary School

STUDENT INFORMATION

Last Name: _____ **First Name:** _____
Birthdate: _____ **T-Shirt Size:** Youth Small / Youth Medium / Youth Large
Eye Color: _____ **Hair Color:** _____
Home Phone: _____
Address: _____

PARENT INFORMATION

Parent Name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Home Phone: _____ **Child Pickup Allowed?** Yes / No
Address: _____

Parent Name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Home Phone: _____ **Child Pickup Allowed?** Yes / No
Address: _____

MEDICAL INFORMATION

List any medical conditions or information our staff should be aware of (ex: allergies, medications, conditions, etc.)

EMERGENCY CONTACTS

Name:	_____	Phone:	_____
Relationship:	_____	Child Pickup Allowed?	Yes / No
Address:	_____		
Name:	_____	Phone:	_____
Relationship:	_____	Child Pickup Allowed?	Yes / No
Address:	_____		

Emergency Medical Information

I hereby give consent for the following medical care providers to be called, in the event that I or my emergency contacts are unable to be reached:

Doctor:		Phone Number:	
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Preferred Emergency Room:	
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In the event that I or my emergency contacts are unable to be reached, I hereby give my consent for (1) the administration of any medical treatment deemed necessary by above named doctor, dentist, or hospital and (2) the transfer of my child to the hospital listed above.

In the event of a medical emergency, Fire Department/EMS may have to transport to the nearest medical facility.

Facts concerning child's medical history, including allergies, medication being taken, and any physical impairment to which a physician should be alerted about:

Parent/Guardian Signature:		Date:	
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Participation / Photography Waiver

I hereby give my permission for my son/daughter to participate in all Safety Town activities. I also authorize the use of my child's picture to be used for social media purposes, future marketing for Safety Town, newspapers, and any other media sources.

Parent/Guardian Signature:		Date:	
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