

**PLEASE INCLUDE THIS PERMISSION SLIP WITH YOUR REGISTRATION FORM  
FOR THE BROOKFIELD SAFETY TOWN PROGRAM - 2022**

**Brookfield Task Force on Public Safety Education, Inc.**

I hereby give my consent for my child to participate in Safety Town. Another adult or I will attend the first day and graduation. I grant my permission for my child to go on the field trip to the City of Brookfield Police and Fire Department by bus. I release the Brookfield Task Force on Public Safety Education, Inc., its individual members, and those assisting in the Safety Town Program from all liabilities.

Parent/Guardian Signature: \_\_\_\_\_

**SAFETY TOWN PERMISSION SLIP FOR RELEASE OF CHILD TO AUTHORIZED PICK UP**

Please complete this form. Your child will not be released from Safety Town without proper identification of authorized pick up if other than the parent or guardian filling out this form.

**PLEASE PRINT**

Child's Name: \_\_\_\_\_ Alternate Pick Up Contact Information: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Alternate Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

Person(s) and relationship to child of those authorized to pick up or drop off my child other than the above named parent or guardian from Safety Town.

Monday Drop off: \_\_\_\_\_ Pick up: \_\_\_\_\_  
Tuesday Drop off: \_\_\_\_\_ Pick up: \_\_\_\_\_  
Wednesday Drop off: \_\_\_\_\_ Pick up: \_\_\_\_\_  
Thursday Drop off: \_\_\_\_\_ Pick up: \_\_\_\_\_  
Friday Drop off: \_\_\_\_\_ Pick up: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date