SAFETY PATROL WANTS YOU!

The Emily Dickinson Safety Patrol is looking for friendly, cooperative, and responsible **4th and 5th graders** to join the **2025-26** Safety Patrol. If you are a role model who can help keep students walking to and from school safely, and your behavior and success in school are top of the line, then WE WANT YOU! **Some of your responsibilities include:**

- Acting as a role model to students, staff, and community members for the ENTIRE school year.
- Help students and parents cross at crosswalks
- Keep kids out of harm's way
- Patrol walkways and parking lots
- This is a YEAR LONG COMMITMENT. You will be on duty approximately 1 full week per month. When your squad is on duty for the week, you should plan on arriving at school promptly at 9:00 a.m. and leaving at 4:00 p.m.

  At the end of the school year, we'll plan a special event to celebrate our Safety Patrol team!

If you are interested in joining Safety Patrol, please fill out the application with a parent or guardian and send the completed forms to both Ms. Baker & Ms. Teske at kabaker@lwsd.org & miteske@lwsd.org

TO DO LIST

1. Read the information with your parents or guardian, plan how you'll get to and from Safety Patrol, then fill out the application
2. Read and Sign the Behavior Contract
3. Parents need to fill out and sign the application, permission slip, and the behavioral code
4. **Email the completed forms to both Ms. Baker & Ms. Teske, or turn in the application packet to the office.**

Copies of the application packet can be found at the office.

If you have any questions, please contact:

Ms. Baker or Ms. Teske

It's going to be a great year, we look forward to working with you!

Emily Dickinson Safety Patrol Application

Name (first and last)	Parents:	Date:
Home Phone:	Parent's Email:	
Current Teacher (if known):	Address:	
Current Grade:		
Why do you want to join the Emily Dickinson Safety Patrol?		
Will you commit to showing up on time during your scheduled week?		
If your unable to work your scheduled shift for any reason other then being out sick for the day are you, willing to get your position covered by another team member? (A patrol contact list will be provided).		
Would you like to request to be placed on the same patrol squad as a sibling, friend or neighbor? If so, please list the first and last name of the student (this helps when carpooling).		
Do you have any questions about Safety Patrol?		
Will you be in Orchestra, Band or Choir? Circle one: Yes No If yes, what day/time?		
Parent Signature:	Phone Number:	
I give my permission for my students contact information to be added to the "Safety Patrol Contact List", for the purpose of covering and trading shifts. Parents signature_____		

Thank you for your commitment to our school!

Lake Washington School District # 414

PARENT/GUARDIAN SCHOOL SAFETY PATROL

PERMISSION/INFORMED CONSENT FORM

I hereby give my permission for _____, who attends

(Name of Student)

Emily Dickinson Elementary to be a member of the School Safety Patrol for the **2025-2026** school year.

As the parent/guardian of the above-named child, I acknowledge that being a School Safety Patrol member entails known and unanticipated risks. Students are stationed in close proximity to vehicular traffic, and there is always a chance of physical or emotional injury. A School Safety Patrol member is also exposed to standing, walking and being outdoors in the sun and inclement weather.

As parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment. I certify that my child has no medical or physical conditions that could interfere with his/her safety while serving as a member of the School Safety Patrol.

In the event it becomes necessary for the Lake Washington School district staff-in-charge to obtain emergency care for your student, neither the staff-in-charge nor the Lake Washington School District assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Student Address:

_____

Student home Phone: Student Date of Birth:

_____

In the event of an emergency (injury, illness) the following person must be notified in case the parent/guardian cannot be contacted:

Name:_____phone#_____

I have read the information and understand that the school district will make every reasonable effort to provide proper training and supervision for my child in his/her service as a member of the School Safety Patrol. I am fully aware of any special dangers and risks inherent in participating in this activity, including physical injury and other consequences arising from these activities.

NAME OF PARENT/GUARDIAN _____ **SIGNATURE** _____

DATE _____ DAYTIME TELEPHONE _____ CELL #_____

EMAIL_____ (Please print neatly)

PATROL COORDINATORS: Karen Baker and Michele Teske

PRINCIPAL: Taylor Davis

Emily Dickinson Safety Patrol Behavior Code

Advisors: Karen Baker & Michele Teske

Name_____

Date_____

I have read the Safety Patrol packet with my parents, and I understand what is expected of me as a member of Safety Patrol.

I understand that my behavior in and out of the classroom must be outstanding. I am a responsible student, and I am not behind in my classroom work or homework. I am honest, and I treat both adults and fellow students with respect and kindness.

I also understand that if my behavior and classroom work does not stay at the highest standard that I may be removed from Safety Patrol.

_____ _____

Student Signature **Parent/ Guardian Signature**