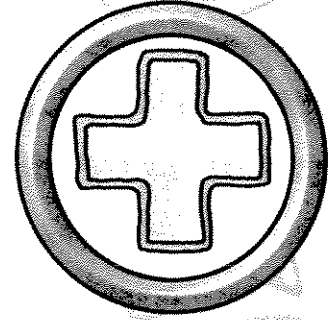


# Safety First

Girls in grades 1–3 must complete four activities.

Girls in grades 4–5 must complete six activities.



The best way to handle an emergency is to prevent an emergency. Learn some basic safety tips for your home and community in this important activity.

**1.** What does **Safety First** mean? \_\_\_\_\_

\_\_\_\_\_

**2.** Make a list of six things that could cause an accident in your home.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**3.** Check off the safety items that should be in every home.

\_\_\_ Smoke/Fire Alarm

\_\_\_ Fire Extinguisher

\_\_\_ First-Aid Kit

\_\_\_ A List of Emergency Numbers

**4.** What should you do if there is a fire in your home?

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**5.** Besides home, list three places where an accident might happen. Give examples.

1. \_\_\_\_\_

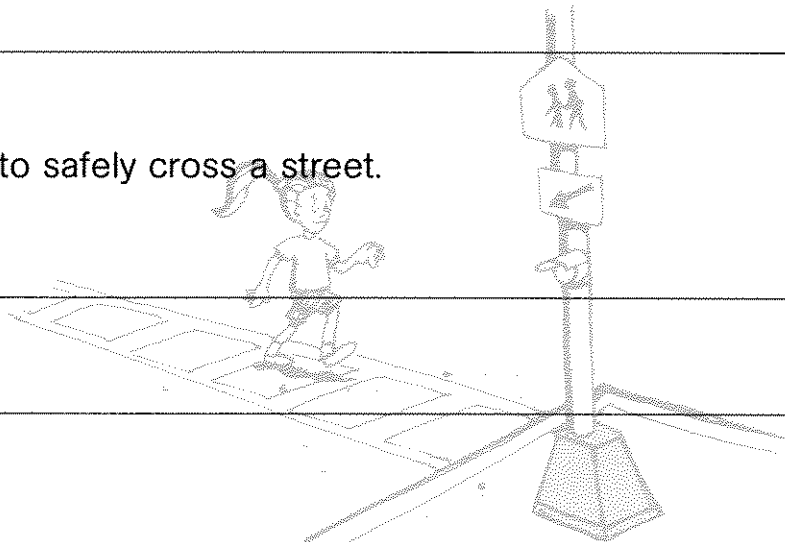
2. \_\_\_\_\_


3. \_\_\_\_\_

**6.** Describe how to safely cross a street.

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**7.** Explain what you should do if there is a stranger on the playground.

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**8.** List three things that could cause illness or spread disease.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**9.** Show how to correctly wash your hands.

**10.** What are the four rules that everyone should observe at lakes, swimming pools, and the ocean?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_




I have completed all of the requirements  
for the Safety First Emblem.

My Signature	Date
Leader's Signature	Date
Resource Person's Signature (if used)	Date

## S-T-R-E-T-C-H Projects

1. Talk to the girls in your troop to find out the types of accidents and the number of emergencies they (or people close to them) have experienced. Discuss the following:
  - ☉ Where did the accidents happen?
  - ☉ What are some ways to help prevent them from happening in the future?

- 
- 2.** Search newspapers and magazines for ten articles about accidents. Place them in a folder with a written statement for each about how these accidents could have been avoided.

I have completed all of the requirements for the  
Safety First S-T-R-E-T-C-H Project # \_\_\_\_\_.

My Signature \_\_\_\_\_

\_\_\_\_\_ Date

Leader's Signature \_\_\_\_\_

\_\_\_\_\_ Date

Resource Person's Signature (if used) \_\_\_\_\_

\_\_\_\_\_ Date