

Parents' Night Out

Registration Form & Emergency Medical Consent

Please fill in the information below for each child attending and bring with you to the event on Friday, October 19th, 2012. For additional siblings, please fill out an additional form:

Parent/Guardian Info:

Name(s): _____

Cell Phone(s): _____

Email: _____

Address: _____

Children's Info:

Child's Name/Nickname: _____

Age: _____ M / F (circle) Allergies/Food Sensitivities: _____

Additional Information: _____

Sibling's Name/Nickname: _____

Age: _____ M / F (circle) Allergies/Food Sensitivities: _____

Additional Information: _____

Medical/Emergency Info:

Doctor's Name and Tel. #: _____

Insurance Company: _____ Policy #: _____

Emergency Contact (Name/Relationship/Phone Number):

In case of an emergency, the bearer of this letter has our permission to make necessary medical decisions concerning our child in our absence.

Parent/Guardian Signature: _____ Date: _____