

Parent's Night Out

Child's Name-_____Age_____Allergies_____

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Date of Event_____

Parent's Name-_____

Address-_____

Home Phone-_____Cell Phone_____

Best Number to contact parent_____

Emergency contact_____Phone_____

Are there any medical concerns or information we need to know about your child(ren) while they are in our care?_____

Who, other than you, can pick up your child?_____

I, _____, am leaving my child(ren) in the care of Mt.Olivet UMC staff and those volunteering with the Children's Ministry for this event. I understand that the church and its volunteers are not responsible for any injuries that may occur to my child(ren) during this event. I also understand that the volunteers and staff will contact me and those on my contact list if anything was to happen. If for any reason the staff and volunteers are unable to contact me I give them permission to care for my child(ren) until I arrive. If my child(ren) need to go to the hospital and I am not able to be reached please take my child(ren) to _____.

_____ Parent's signature _____ Date