

Parent's Night Out

Date of Event: _____

Child's Name-_____ Age_____ Allergies_____

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Child's Name-_____ Age_____ Allergies_____

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 cannot be reached please take my child(ren) to _____.

Permission to use Picture:

Mount Olivet United Methodist Church recognizes the importance of maintaining a safe environment for your children. This safety should not only be maintained at the physical location, but should also be extended online.

As the students will participate in events and activities throughout the year it may be possible that pictures are taken of them. These will be pictures of them enjoying the scheduled events and activities.

In order to continue to ensure a safe environment we ask that parents give permission for their child's image to appear on social media sites including Facebook, Mount Olivet United Methodist Church's website, advertisements, and bulletin boards for scheduled events. Name of Child(ren) whose pictures may be used:

I have read the above and understand how pictures will be used: **Parent Initials:** _____

Parent's signature _____

Date _____