

# Parents Night Out Registration Form

Please complete the information below **including a number where you can be reached tonight.** Parent/Guardian Name Parent/Guardian Name Address Email Home Phone # Parent/Guardian Cell # Parent/Guardian Cell # In case of emergency if we cannot reach you: Phone # Name Relationship

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| --- | --- | --- |
| **Child’s Name** | **DOB** | **Age** |
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# MEDICAL RELEASE

Physician Phone # Name of Insurance Group # Preferred Hospital Allergies Medical Condition (diabetes, asthma, etc.)

\*If medical care is required, please accept this as your authority to use the doctor on call in the emergency room for any necessary emergency medical treatment.

# Parent/Guardian Signature Date

**Parent/Guardian Signature Date**