

**PARENTS NIGHT OUT
REGISTRATION FORM
2008 - 2009**

Child's Name: _____

Boy _____ Girl _____ Date of Birth _____ Current School Grade _____

Parent's Names _____ Email Address _____

Address _____

Street

City

Zip Code

Home Phone _____ Cell or Pager No _____

Member of What Church? _____

Any Allergies to Medicines, Foods, etc.? _____

Any History of Serious Illness (i.e., Diabetes, Asthma, Epilepsy or Recent Injuries or Hospitalizations?)

Please List: _____

Other Concerns or Instructions that We Should be Aware Of: _____

Health Insurance Company _____ Policy Number _____

Policy Holder's Name _____

I, _____, am the Parent/Guardian of _____

and permission is given for _____

Preferred Medical Doctor/Medical Facility and Telephone Number

to be called in case of emergency. When I (or my physician) cannot be contacted in an emergency, Fairfax United Methodist Church has my permission to take my child to the emergency room of the nearest hospital. The hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Parent's Signature

I also understand that by allowing my child to participate, I agree to work one evening as a volunteer helper.

Parent's Signature