

Parents Night Out
Information Sheet

Child's Name _____
Last First MI

Age ____ Date of Birth _____ Grade _____

Parent or Guardians Name _____

Home Address _____

Mother's home telephone _____ Cell # _____

Father's home telephone _____ Cell # _____

Emergency contact numbers _____

The following individuals may be contacted in case of emergency or illness and has unrestricted permission to pick up the above child from the program without any further confirmation from me:

| | NAME | PHONE | RELATIONSHIP TO CHILD |
|----|-------|-------|-----------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Health Record

Doctor or clinic _____ Phone _____

Address _____

Does your child have any individual special needs? If yes, please describe: _____

Is your child allergic to any foods, medication, etc? If yes, please describe: _____

Describe any special precautions for diet, medication or activity, if applicable: _____

This is an optional release for the hospital to begin treatment in an emergency situation. The Denny Price Family YMCA will make every effort to contact you whenever treatment is necessary.

We, the undersigned parents (guardians) of _____
give permission to the Denny Price Family YMCA to render First Aid and to seek emergency treatment and procedures as necessary. The permission includes admission to the hospital if the attending physical deems necessary.

Date _____ Parent or Guardian Signature _____