

**Parent's Night Out
Permission and Contact Information**

Name of Kid	Allergies	Medications	Annual Medical Form completed

Explanation of Medication and/or what to do in an allergic reaction:

Location of where you will be ICE _____

Mobile Numbers _____

ICE Contact Person—someone other than yourself, in case you can't be reached.

Tonight we will be watching a movie, playing games in the Church and gym, and eating pizza, chips, soda and candy.

I have completed this form to the best of my ability and my child[ren], has my permission to attend the special event listed. In case of emergency, I grant you permission to acquire medical treatment for my child. I also affirm that if my child does not follow the rules of conduct I will be responsible for picking up my child at my expense.

Parent / Guardian signature

_____ date _____