



Parents' Night Out

COST \$12

6:00—9:00 PM

CHILD'S INFORMATION

NAME _____

First

Middle

Last

Name usually called

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

BIRTHDATE _____ AGE as of **current date** _____ SEX (Circle) M F

Child's grade in school year **2011-2012** _____

ALLERGIES _____

Are there any special needs, concerns, illnesses, health problems or situations that might affect this child's adjustment in Parents' Night Out? _____

PARENTS' INFORMATION

MCFARLIN MEMBER (circle) YES NO If no, guest of _____

PARENTS' NAMES (1) _____ (2) _____

NAME OF ADULT DROPPING OF CHILD & RELATION TO CHILD _____

WORK PHONE (1) _____ 2) _____

E-MAIL ADDRESS (1) _____

(2) _____

IN CASE OF EMERGENCY IF PARENT CANNOT BE LOCATED

NAME _____ PHONE _____

PHYSICIAN _____ PHONE _____

I give permission for videotapes and /or photographs of my child to be used by McFarlin United Methodist Church for the purpose of identification, education or promotion in both internal and external publications.

RELEASE

Signature of parent or legal guardian _____

Date _____

**RELEASE OF CLAIMS, HOLD HARMLESS
AND AUTHORIZATION FOR
EMERGENCY MEDICAL OR DENTAL CARE TO MINOR**

This Release and Consent is entered into on this _____ day of _____ 20 ____
by _____ (Parent), the parent or legal guardian of
_____ (hereinafter referred to as Minor).

- 1) Parent warrants and agrees that he/she (a) has legal custody or is the legal guardian of the minor listed above; (b) understands the terms of the Release and Consent, and (c) has signed this document by his/her own free will.
- 2) Parent acknowledges that Minor will, with Parent's permission, participate in certain activities conducted by or sponsored by _____ (Ministry), its Directors, Officers, employees, and agents during the duration of this agreement.
- 3) Parent, individually and on behalf of Minor, releases and agrees to hold Ministry harmless from all liability for harm to Minor or Minor's personal property, resulting directly or indirectly from Minor's participation in Ministry activities. Parent, individually and on behalf of Minor, personally assumes all risks and liabilities in connection with Minor's participation in Ministry activities and agrees to indemnify Ministry against any liability which might be assessed against it as a direct or indirect result of Minor's participation in Ministry activities.
- 4) In the event of Minor's injury during any Ministry activity and Parent's unavailability to authorize medical treatment, parent authorizes dental, medical, or surgical treatment, including but not limited to the administration of x-rays and anesthetic by any medical professional chosen by the Ministry. Parent understands and agrees that this consent is given to encourage the Ministry and the medical professional to exercise their best judgment as to such diagnosis or medical, dental, or surgical treatment. Parent personally assumes the duty of payment of any medical professional, hospital, clinic, or ambulance service and releases Ministry from any such duty of payment. The medical authorization is provided pursuant to Title 10, section 170.1 of the Oklahoma statutes.
- 5) Parent understands and agrees that this Release and Consent shall remain in effect for a period of one (1) year or until Parent's written revocation, whichever is first, and that Parent's consent to treatment shall remain in effect until revoked orally or in writing to _____ (Ministry) or to the licensed medical professional treating Minor.

Parent or Guardian Signature

Date

Insurance Company Name

Policy Number/Group Number