

**Parent's Night Out Event  
Emergency Medical Information & Authorization**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Child's Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell \_\_\_\_\_

Please list at least one person who can be contacted in case we are unable to reach you in the event of an emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Questionnaire**

Is presently being treated for an injury or sickness or taking any form of medication for any reason? \_\_\_\_\_  
Is your child allergic to any type of medication? \_\_\_\_\_  
Is your child allergic to any type of food? \_\_\_\_\_  
Please circle if your child has (or has ever had) any of the following:  
Seizure disorders      Asthma      Heart Murmur      Diabetes      Hay Fever  
Does your child have any allergies that are not medical? \_\_\_\_\_  
Does your child get nervous or upset easily? \_\_\_\_\_  
Does your child have any physical handicap or illness, which would prevent him/her from participating in normal rigorous activity? \_\_\_\_\_  
If you have answered "Yes" to any of these questions, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Questionnaire**

I understand that I will be notified in case of emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of the necessary medical services in the event my child is injured or becomes ill. I understand that Millvale Matters & Element Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as a parent/guardian.

**In the event of an emergency, I, the parent of \_\_\_\_\_ give permission for him/her to have emergency treatment at any hospital or Emergency Care Center.**

\_\_\_\_\_  
(Signature of parent/guardian) \_\_\_\_\_ (Date)

**Permission Authorization**

While striving to insure a wholesome, safe, and closely supervised environment for the children in it's care, Millvale Matters & Element Church cannot be held liable for any unforeseen and unforeseeable accidents or injuries which may occur during the course of any activity. Responsible leaders, persons, and acting agents transporting on behalf of Millvale Matters & Element Church assume no personal liability in case of accident or sickness.

**Date of Activity** \_\_\_\_\_ **Saturday, March 13, 2010** \_\_\_\_\_  
**Activity planned to take place** \_\_\_\_\_ **Parent's Night Out Event** \_\_\_\_\_

**I hereby consent to allow my child to attend and participate in the above listed activity.**

\_\_\_\_\_  
(Signature of parent/guardian) \_\_\_\_\_ (Date)