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Last Name of Child \_\_\_\_\_

## Temple Baptist Church

### Parents Night Out Registration Form

Please complete the information below including a number where you can be reached tonight.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent/Guardian Cell # \_\_\_\_\_ Parent/Guardian Cell # \_\_\_\_\_

In case of emergency if we cannot reach you: Phone # \_\_\_\_\_

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

<b>Child's Name</b>	<b>DOB</b>	<b>Age</b>

### **MEDICAL RELEASE**

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insurance \_\_\_\_\_ Group # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Allergies \_\_\_\_\_

Medical Condition (diabetes, asthma, etc.) \_\_\_\_\_

\*If medical care is required, please accept this as your authority to use the doctor on call in the emergency room for any necessary emergency medical treatment.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_