

NIGHT OUT – EMERGENCY CONTACT

Good evening! Thank you for entrusting your child/ren to our care.

Please complete the following information in the case we need to contact you tonight.

We hope you and your children have a great Night Out!

Child's Full Name _____ DOB ___/___/___ Age _____

Allergies or other information: _____

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Child's Full Name _____ DOB ___/___/___ Age _____

Allergies or other information: _____

Please provide a phone number where you can be contacted during the Night Out event.

Guardian 1 _____ Cell phone # _____

Guardian 2 _____ Cell phone # _____

Please provide 2 alternate emergency contacts.

Contact 1 _____ Cell phone # _____

Contact 2 _____ Cell phone # _____

Who will be picking up your child/ren by 8:30 pm? _____