



CHRIST  
LUTHERAN  
CHURCH  
ZIONSVILLE

# Parents' Night Out

Friday, February 15 | 5:30-9:30pm

RSVP by Wednesday, February 13 to

Becca: bdeutsch06@gmail.com

We look forward to having your child(ren) at our Parents' Night Out! Please bring the following items in a labeled bag, if necessary for your child depending on their age: Diapers/pull-ups, wipes, bottle with milk/formula, sippy cup, change of clothes.

We will serve a pizza dinner and have plenty of activities for your child while you are out!

This evening raises money for our High School Youth Group to go on a week-long mission trip this summer in Kentucky. There is no set cost for childcare for the evening and **donations will be accepted** when you drop off or pick up your child. Please support our youth while you enjoy an evening out.

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## Adult Info:

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Email(s) \_\_\_\_\_

Phone(s): \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

## Child Info:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Special Health Considerations (food allergies, medications, etc): \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Special Health Considerations (food allergies, medications, etc): \_\_\_\_\_

(Over for more)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Special Health Considerations (food allergies, medications, etc): \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Special Health Considerations (food allergies, medications, etc): \_\_\_\_\_

\_\_\_\_\_

## **Medical Treatment Consent**

Before any major medical decisions are made relative to your child, every reasonable effort will be made to contact the parent or guardian.

\_\_\_\_\_ In the event that my child needs immediate medical attention for an injury received while at CLC Parents Night Out, I authorize the childcare staff to give my child First Aid and transport them to the nearest health care facility if needed.

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