

# Parent's Night Out!

## Child and Family Participation Form

Please return completed form to [clintonhmg@nikecenter.org](mailto:clintonhmg@nikecenter.org), fax to (937) 382-6676, or give to your child's Primary Service Provider/Service Coordinator in order to participate.

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_

### Family Information

Mother \_\_\_\_\_

May pick up child? Yes No

Father \_\_\_\_\_

May pick up child? Yes No

Siblings attending:

Names: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Custody Concerns: \_\_\_\_\_

Child(ren's) Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### Contact Information

The best way to reach you during this time is \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_

**Please list your child(ren's) interests:**

**Please list the best ways to calm your child(ren):**

**Please tell us about any health and medical needs that would allow us to best support your child(ren) and keep him/her safe:**

Name of each child attending	Age	Diagnosis (ie Epilepsy)	Allergy (Food or Drug)	Medication(s)

Other medical or learning issues \_\_\_\_\_

Please provide us with any additional information about your child(ren) that would be helpful: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Today's Date

**EMERGENCY TREATMENT CONSENT AUTHORIZATION**

I hereby give my consent for the Clinton County Board of DD to secure needed emergency medical treatment and authorize the administration of anesthetics and/or the performance of any type of emergency treatment in a licensed facility in the event of illness or injury. The Clinton County Board of DD will make all attempts to contact me and the physician indicated above.

Individual(s): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER OF LIABILITY**

I \_\_\_\_\_, Parent/guardian of the registrant, recognize the possibility of physical injury that might occur while at the CCBDD. I release, discharge, and/or otherwise indemnify the CCBDD, and its volunteers, including owners of the facilities at CCBDD against any claim by or on behalf of the registrant as a result of the registrant's participation in the Parent's Night Out.

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Updated 1-6-16