

Parents Night Out  
Child Registration Form  
(Return to the Incarnation Office)

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Child(ren) Name & Ages \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Allergies \_\_\_\_\_

Special Concerns \_\_\_\_\_

Doctor's Name & Phone Number \_\_\_\_\_

Authorization for treatment of a minor/field trips/photos:

In the event of illness or accident, if the parent/guardian cannot be reached, I authorize the church, or its agents, to consent to any diagnosis, examination, treatment or hospital care for my child(ren) that is deemed advised by and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities. My child(ren), named above, has my permission to attend trips and special events sponsored by Incarnation Lutheran Church. Incarnation Lutheran Church reserves the right to use the child(ren)'s picture in any Incarnation Lutheran publication or other media presentation.

I have read and agree with all of the statements above (Please initial box)

Signed \_\_\_\_\_

Date \_\_\_\_\_

