

Kids Night Out Registration Form

In order to ensure the safety of your child at Kids Night Out, please read the procedure below and fill out and sign the registration form as indicated.

Description: Glens Falls National Honor Society hosts Kids Night Out to benefit The United Way and/or The Youth Center on Saturday, January 14 from 7-9 pm. We provide swimming, crafts, face painting, movies, games, and snacks for children in grades K-6. Supervision includes 50 National Honor Society students and 4 adult chaperones. The cost is \$10 per child.

Procedure:

1. Fill out and sign the registration form and submit it to Maureen Sara at Glens Falls High School before or at the event.
2. Drop your child off at the front entrance at 7 pm. Parents will **not** be permitted to stay with children for the event.
3. A swim test will be administered to children who choose to swim to ensure safety.
4. Pick up will occur at 9 pm. Please be prompt. Children will be lined up alphabetically by last name and released to parents/guardians with photo ID according to registration form information.

CHILD

Child's Name(s) (Last, First):

Child's Address (Street, City, Zip):

Child's Age:

Child's Gender:

School child currently attends:

CONTACT INFORMATION

Name of parent/guardian who will **drop off** the child:

Address of the parent/guardian:

Phone number of the parent/guardian:

IF CHILD WILL BE PICKED UP BY A DIFFERENT PERSON COMPLETE THE FOLLOWING:

Name of parent/guardian/adult who will pick up child:

Address of the parent/guardian/adult:

Phone number of parent/guardian:

HEALTH INFORMATION

Allergies and Special Conditions

Please Check all that apply to your child:

- Ear Infections Diabetes (onset) Tonsillitis
- Poison Ivy Allergy Migraines ADD/ADHD
- Heart Defect/Disease Bleeding/Clotting Hay Fever
- Seizures Convulsions Epilepsy (onset)
- Insect Allergy Asthma Skin Rashes
- Food Allergies (list below)

In the space below, please list any SPECIAL CONDITIONS relevant to your child not listed above such as previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc.

Medications now taking:

(Glens Falls School District DOES NOT administer Medications)

Authorization for Medical Treatment - Please initial each below:

If your child needs medical, dental, or health services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filing out this authorization form. Using this form, you can give permission to the Glens Falls School District Staff to act for you, in your absence, regarding the treatment of your child. This is a legal document. If your child needs unexpected medical treatment, the Glens Falls School District staff will present this document to the appropriate person - physician, dentist, or hospital representative. When a true emergency exists a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase risk to the child's life or health.

_____, I, being the parent of custody or legal guardian of the minor named, do hereby appoint: Glens Falls School District, 10 Quade Street, GLENS FALLS, NY 12801 to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the minor named in my absence.

_____ I have read and understand the authorization for medical treatment. My signature below acknowledges such. Admission Agreement (INITIAL ON LEFT HAND SIDE)

_____ Policies and Procedures: I have received and have read a copy of the NHS procedures. A PHOTO ID IS REQUIRED FOR ANYONE PICKING UP.

_____ Hours of Care: I understand that I will pick up my child by 9 pm

_____ Custody: GFHS is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Contracting Parent/Guardian information listed on this document. NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD W/O PARENT/GUARDIAN WRITTEN PERMISSION.

Parent/Guardian Signature: _____