



MCCS

A75 G6 YU Zfh @ Ugg Yhf Theater

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Feb 13 2010

Kids Night Out

Ages 6-12

SPECIAL EVENT DROP-IN REGISTRATION FORM

Child's

Name: (Last) (First) (MI) Date of Birth:

Home Address: (Street) Home Phone #: (City) (State) (Zip)

Nickname: (if any)

Sponsor's

Name: (Last) (First) (MI) Rank/Work Unit

Cell Phone #:

Spouse's

Name: (Last) (First) (MI)

Cell Phone #:

Should MCCS SC personal deem emergency medical treatment necessary at any time during this program, I hereby grant consent to apply the following medical treatment to my family member (child): any examination, anesthetic, medical or surgical diagnosis and / or hospital care, which is advised by and rendered under the general or special supervision of any duly licensed physician or surgeon. This consent is given in advance of any specific diagnosis.

Sponsor's Signature / Date:

EMERGENCY CONTACT/PICK-UP PERSON: (Person to contact if a parent cannot be reached)

Name: (Last) (First) (MI) Home Phone #:

Person may pick-up child? [] Yes [] No Work / Cell

Relation to child: Phone #: /

MEDICAL HISTORY

I certify that to the best of my knowledge and belief that my child is in good and normal health and has no contagious or infectious diseases.

Parent's Initials:

Describe any chronic illness', conditions, disabilities or allergies:

Identify any medications child is receiving and for what reason:

Parent Signature: Date:

PRIVACY ACT STATEMENT: Under the authority of Title 5, U.S. Code 301, Departmental regulations information regarding registration of authorized dependents is required to provide customer service for authorized personnel to utilize the facilities. The information provided will be used to notify parents when situations concerning their children occur. The information is voluntary, but failure to provide the information will result in the inability of the child care personnel to allow the individual to take advantage of the services.