



**KIDS NIGHT OUT (KNO) CONTACT AND RELEASE FORM**

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

DOB \_\_\_\_\_ Age \_\_\_\_\_

Parents' names \_\_\_\_\_

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

Email \_\_\_\_\_

Drop-Off Adult \_\_\_\_\_ Relationship \_\_\_\_\_

Authorized Pick-Up Adult(s) if different from above (note relationship and phone number) \_\_\_\_\_

List any allergies/meds/medical conditions\* \_\_\_\_\_

\*Advance discussion and preparation is required for serious conditions. KNO coordinator initial: \_\_\_\_\_ Parent initials \_\_\_\_\_

Pictures may be taken at KNO which include your child. If these may be used, on the web or in print, for the sole purpose of promoting future KNO evenings, please sign here

\_\_\_\_\_

Do you have a church home? Y/N If so, where? \_\_\_\_\_

Are you willing to volunteer at a future KNO? Y/N

Is your child feeling well today? Y/N

If you child is 3 or under please circle one: in diapers/potty training/fully trained

**The following signatures must occur in the presence of a KNO volunteer at drop-off and pick up.**

**Drop-Off Adult Signature** \_\_\_\_\_

**Pick-Up Adult Signature** \_\_\_\_\_