The Festus High School Student Council is sponsoring

## Kids' Night Out

Get all your last minute christmas shopping done while your kids enjoy...

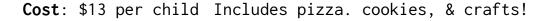
## Crafts, Food, and Fun!

Children 5 yr - 12 yr

When: December 8th

**Time**: 5:00pm-9:00pm

Where: Festus High School



Please complete and return this page, the medical release form attached, and your payment, to your building's office by Dec  $4^{\rm th}$ 

Child's Name(s)	Age(s)				
Parent/Guardian Name(s)	ph#				
Emergency Contact #1	Emergency Contact #2				
Name	Name				
Ph#	Ph#				
Relationship	Relationship				
Parent/Guardian Signature					
(Parent Photo ID required at Pick-up)					
Parent/Guardian Signature @ Pick U	p				

STUCO Sponsors Mrs Satchell & Mr Kopp will be the supervisors on hand.

Email for additional info: <u>Satchellteresa@festusedu.com</u> KoppJeff<u>@festusedu.com</u>

## Parental Consent for Medical Treatment

I, the	e undersigned, being the parent, legal next-of-kin, or legal guardian of
	grade
be par charge hospit	authorize any necessary medical treatment during the time he/she may rticipating in a school sponsored activity. I guarantee payment of all es incurred during the course of said medical treatment (physician, cal, X-ray, lab, medication, ambulance, etc.). In regard to such person, nit the following information:
1.	List allergies to food, medications, etc.
2.	Special medical problems (if none, state so):
3.	Does participant carry or require any medications? (if none, state so)
4.	Date of last tetanus shot
5.	Name of family physician: ph#
6.	Emergency contact person
	Name
ph#	relation
	Name
ph#	relation
Other	Pertinent Information:

Parent/guardian	Signature
Date	