

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

Cost: \$13 per child Includes pizza, cookies, & crafts!



Please complete and return this page, the medical release form attached, and your payment, to your building's office by Dec 4th

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 Up _____

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

Email for additional info: Satchellteresa@festusedu.com

KoppJeff@festusedu.com

Parental Consent for Medical Treatment

I, the undersigned, being the parent, legal next-of-kin, or legal guardian of

_____ grade_____

Hereby authorize any necessary medical treatment during the time he/she may be participating in a school sponsored activity. I guarantee payment of all charges incurred during the course of said medical treatment (physician, hospital, X-ray, lab, medication, ambulance, etc.).In regard to such person, I submit the following information:

1. List allergies to food, medications, etc.

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2. Special medical problems (if none, state so):

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3. Does participant carry or require any medications? (if none, state so)

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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_____

