



**parents enjoy a night out &  
kids have a night of fun**

Need some time to Christmas shop without the kids  
or a date night?

Sign up for Parent's Night Out

Saturday, November 17th

5:30 to 7:30 p.m. in the Gym

Includes:

- ◆ Free babysitting service provided by  
St. Anthony Youth Group  
(with adult supervision)
- ◆ Light Dinner
- ◆ Snacks
- ◆ Activities

Reservations required by returning  
completed registration and emergency forms by  
Wednesday, November 14.

Reservations limited to the first 25 children.

School students only.



ST. ANTHONY  
— DE PADUA —  
CATHOLIC PARISH



Parents night out  
parents enjoy a night out &  
kids have a night of fun

Saturday, November 17 in the Gym  
Free Babysitting - 5:30pm – 7:30pm - No Charge  
Advance Registration Required  
Limited Spaces for School Students only  
Light Dinner, Snacks, Activities provided

PARENT'S NIGHT OUT REGISTRATION,  
EMERGENCY INFORMATION, AND RELEASE

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Emergency Contact No.: \_\_\_\_\_

Alternate Emergency Contact No: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_

Student Name \_\_\_\_\_ Student Age \_\_\_\_\_ Student Grade \_\_\_\_\_ Food Allergies \_\_\_\_\_

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I hereby release the above named School, the caregivers of this event, and the Diocese of Fort Wayne-South Bend, Inc., from any and all claims, judgments, liability for any injury, whether personal or property, that my child, his/her estate, my spouse now has, ever had or may have due to my child's participation in this event, that are attributable to the fault of parties other than the School or Diocese; or, to the extent permitted by law, attributable to the fault of the School or Diocese.

I have instructed my child to follow the rules or conduct as directed by the school &/or caregivers.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**Emergency Medical Care Form**

**Note:** Parents must sign either Part I (Consent...) or Part II (Authorization to Notify of Refusal to Consent...) prior to the commencement of each school year for each child enrolled in a Diocesan School. Parents are responsible for updating the information on this form during the school year should changes occur.

**Part I. Consent to Emergency Medical Care**

Name of Child: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

In the event of an emergency, I request that the school make reasonable attempts to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (other parent/ adult) at \_\_\_\_\_ (phone number).

**I understand that in an emergency, exigent circumstances may prevent the school from contacting me immediately or the school may be unable to reach me. I therefore consent to the school taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.**

I understand that decisions concerning the type of emergency medical care or treatment administered are made by health care providers and not by the school and that exigent circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the school may disclose to a health care provider. (Parents/ guardians may check and complete any of the following):

\_\_\_\_\_ Dr. \_\_\_\_\_ is my preferred physician and Dr. \_\_\_\_\_ is my preferred dentist.

\_\_\_\_\_ \_\_\_\_\_ is my preferred hospital.

\_\_\_\_\_ Receipt of my consent prior to my child receiving major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

\_\_\_\_\_ Other:

The school may also disclose the following checked information to a health care provider:

\_\_\_\_\_ Insurance Information: Insurance Company Name \_\_\_\_\_

\_\_\_\_\_ Policy/ Group/ Claim No. \_\_\_\_\_

\_\_\_\_\_ The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child:

I understand that in the event of an emergency, the school will make reasonable efforts to notify a health care provider of the above-checked information, but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Date \_\_\_\_\_ Parent/ Guardian Signature \_\_\_\_\_

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**Part II. Authorization to Notify of Refusal to Consent to Medical Emergency Care**

Name of Child: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

In the event of an emergency, I request that the school make reasonable attempts to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (other parent/ adult) at \_\_\_\_\_ (phone number).

I understand that decisions concerning the administration of emergency care or treatment are made by health care providers and not the school. I do NOT want emergency medical treatment or care administered to my child. In the event of an emergency, I authorize the school to inform any health care providers of my wishes. While I understand that the school will make reasonable efforts to contact me and/ or notify a health care provider of my wishes prior to the administration of any emergency medical care or treatment, I understand that exigent circumstances may prevent this. I also understand that I, not the school, am responsible for communicating my wishes to the appropriate medical personnel.

Date \_\_\_\_\_ Parent/ Guardian Signature \_\_\_\_\_