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Kids' Day Out on January 25th			
Child's name:Birth date:			
Parent (s) or legal Guardian name:			
Address:			
Emergency information Name, address, and phone of child's doctor:			
Name of person to contact and phone number if parents are unavailable in case of an emergency:			
Allergies or chronic health conditions:			
I give my permission for my child to be treated by the doctor or hospital in case I am unavailable and			
An emergency need for medical care occurs.			
Signature Date:			
Names and phone numbers of persons authorized to pick up child from LaSalle Peru High School:			
Phone:			
Phone:			
Child's likes, dislikes, fears, etc.			

I give permission for LP Key Club to care for my child on January 25th, 2020. Care will begin 1 p.m. and end at 4 pm.

This agreement states that	(child's	(ren)	names)	will	be
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Picked up today at 4:00 p.m.

(Signed by parent or guardian)