



PNO

Parents Night Out

**THURSDAY, NOVEMBER 29TH
6:00PM - 8:00PM**

POINT PLEASANT BORO HIGH SCHOOL

- High school students with adult supervision will watch your children while you have a night out!
- Children must be over 2 years of age and potty trained.
- Food and drinks will be provided.
- Emergency form is required (page 2 of this document).
- You will have to sign your child in and out that evening.
- Questions? Please contact Ms. Salvatoriello, Student Council Advisor at ksalvatoriello@pointpleasant.k12.nj.us

SPACE IS LIMITED! PLEASE RETURN FORM VIA EMAIL ([KSALVATORIELLO@POINTPLEASANT.K12.NJ.US](mailto:ksalvatoriello@pointpleasant.k12.nj.us)) OR MAIL TO

Parents' Night Out
% Ms. Salvatoriello
Point Pleasant Boro H.S.
808 Laura Herbert Drive
Pt. Pleasant, NJ 08742

GAMES * CRAFTS * ACTIVITIES * MOVIE * FOOD * FUN!

Please complete page 2 of this document as your registration....



PARENT'S NIGHT OUT Emergency Form

Child's Name: _____

Age: _____

Child's Name: _____

Age: _____

Child's Name: _____

Age: _____

Child's Name: _____

Age: _____

Parent/Guardian Name: _____

Address: _____

Phone number while out for the evening: _____

Email Address: _____

Name of person **and** phone number (if different from parent/guardian listed above) responsible for picking up your child(ren) listed on this sheet. _____

Name of Additional Emergency Contact: _____ Phone #: _____

Relationship to Child/Children: _____

My child/children have the following food allergies: _____

My child/children have the following medical issues: _____

My child/children does **not** have any food allergies or medical issues.

Any special instructions: _____

How did you hear about this event? _____

I hereby allow my child/children to participate in the PPBHS Student Council's "Parent's Night Out" and assume all risks and, in consideration of his/her participation in said program do hereby waive and release all claims arising as a result of personal injuries or property loss during the program. I furthermore authorize the staff program in the event of illness or injury to administer emergency care and to arrange for any medical transportation to the nearest health care facility deemed appropriate. I understand every effort will be made to contact the parent or guardian prior to any involved treatment. I grant permission to a qualified physician and /or other medical personnel to furnish medical care using the above guidelines while my child/children attend PPBHS Student Council's "Parent's Night Out". I also agree that my insurance carrier or I will bear the financial responsibility for any medical treatment administered under the above guidelines.

Parent/Guardian's signature _____ Date _____

Parent/Guardian's name printed _____