



## Island Park Auction Child Care



Child care is available at Holy Trinity Lutheran Church, Mercer Island from 6:30 pm – 11:30 pm for parents attending the Auction.

Who can come?

Children preschool age (3) – elementary (grade 5)

What does it cost?

\$20 per child; \$50 per family (3+ children)

*Funds raised over cost will benefit the summer mission trip to Detroit for the ELCA Youth Gathering.*

What will be provided?

We will provide pizza and snacks, games, crafts, movies.

Send your kids with pj's we will have them change prior to starting movies, or when the evening gets 'quieter'.

Do I need to pre-register?

YES! To insure the correct ratio of child/caregiver, and adequate pizza, cocoa, chocolate chip cookies and popcorn, we need to know if you are coming. Food allergies/medical issues need advance knowledge, as well.

Children's Name(s) and age(s)

- 1.
- 2.
- 3.
- 4.

Parent(s) Name \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Parent email: \_\_\_\_\_

(email form to [kfisher54@htlcmi.org](mailto:kfisher54@htlcmi.org) – or send to HTLC, 8501 SE 40<sup>th</sup> Street, MI 98040)

## Family Medical Release

### **Medical Release**

I understand that in the case of emergency, or if any medical or surgical care becomes necessary for\_\_\_\_\_, every attempt will be made to contact me. If I am unavailable, I grant those in charge of HTLC supervised events to authorize medical attention as recommended by a licensed physician and consent to treat the child named above. I (We) agree to pay all medical costs involved in such emergency treatment. We release and discharge the Evangelical Lutheran Church in America and/or it's representatives involved in this event from any liability whatsoever in exercising this permission.

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*Signature of Parent or Legal Guardian* *Date*

Emergency Contact (other than parent or guardian)

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Daytime phone\_\_\_\_\_ Evening phone\_\_\_\_\_

Cell phone\_\_\_\_\_

Physicians name\_\_\_\_\_ Phone #\_\_\_\_\_

Insurance Company\_\_\_\_\_

Policy number\_\_\_\_\_

*(a copy of the insurance card stapled to this form is most helpful)*

### **Medical Information**

Date of last tetanus shot: \_\_\_\_\_ Allergies (food,drug,environmental):

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Current medications (with clear instructions for use and other pertinent medical information):

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Please inform us of any special medical conditions/needs:

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