ST MARK UNITED METHODIST CHURCH

ACTIVITY CONSENT FORM

Parents Night Out

Please submit the signed form at least 2 days before the activity date

To parents/guardians:

Your consent is required for this official Parents Night Out activity.

If you approve, please accomplish and return the lower half of this form.

Volunteer Group:	Rhonda Cummings, Jordan Slawson, Patty Barfield, Jamie Ackerman
Section:	Initial Parent's Night Out
Activity Description:	Movies, Pizza, and Popcorn
Location:	St Mark United Methodist Church 413 Geddes Avenue, Charleston, SC 29407
Event dates & time:	June 19th, July 24th, August 14th, 2026 from 5:30pm-8:30pm
Movie to Be Viewed:	Disney+ approved movies will be offered

Contact person for the activity

Ms. Jamie Ackerman
Church Admin: (843) 766-5239
St Mark United Methodist Church

Please bring the following:	
Not Potty Trained - Diaper Bag is Required	Lunchbox with food or snacks - if not able to consume provided drinks and food due to allergies
Any Additional Necessary Information Forms	

---------- CUT ALONG THIS LINE ----------

I [ ] allow [ ] do not allow my child _____ to participate in the Parents Night Out evening event and activities of choice.

Parents Night Out on (circle dates) June 19th, July 24th, August 14th 2026 from 5:00pm-8:00pm.

If no exceptions, this is also permission for my child to participate in all activities to include, but not limited to, the consumption of any and all provided food and beverages, viewing of movie chosen by volunteers for entertainment purposes, playground activities, craft activities, and any additional activities decided upon by the volunteers of the Parents Night Out Committee.

Exceptions are:

In case of emergencies, the Church Volunteers should call:	Medical information:
Name:	My child needs medication during the activity. (Y) (N) If Y, please specify the name of medicine and frequency of dosage. _____ _____ My child needs special assistance due to disability.(Y) (N) My child requires special food due to allergies or religious requirements. (Y) (N) If Y, please specify. _____ _____ Our family doctor can be reached at:
Home Phone Number:	
Work Phone Number:	
Mobile Number:	
Relationship to child:	

Parent/Guardian Signature:

_____

Child's Name and Date Submitted:

Relationship to Child:

Date signed: