

Student Name: _____



**Setauket Presbyterian Preschool
Field Trip Permission Slip and Medical Release**

Parent/Guardian Name (s): _____

Address: _____

Phone # (home) _____ (work) _____ (cell) _____

Additional emergency contact:

Name: _____ Relationship _____

Address: _____

Phone #'s _____

Insurance Company _____ Policy # _____

Allergies - Please List _____

Other Medical Information _____

Is the child taking any medication? **(if none, please specify)**

Medication Name _____ Dosage _____ Taken For _____

Medication Name _____ Dosage _____ Taken For _____

Medication Name _____ Dosage _____ Taken For _____

Field Trip _____

I hereby give permission for my daughter/son _____ to attend the
(event) _____ on (date) _____.

I understand that it is my responsibility to provide transportation for my child for this field trip.

In the event I cannot be reached, I hereby authorize my daughter/son _____
to receive medical attention necessary while a participant on this preschool field trip. I authorize
my child's teacher to act on my behalf in these medical matters.

Other Phone #'s where you can be reached during the field trip _____

(Parent / Guardian Signature)

(Date)