

Village Preschool
9 Mountain Avenue
Bayville, NY 11709
(516) 628-8655

FIELD TRIP PERMISSION/MEDICAL RELEASE FORM

Authorization for _____
(Child's Name)

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school and to leave the school premises under supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for my child's teacher to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to:

1. Attempt to contact parent or guardian, the child's physician, or the persons listed on the emergency information form.
2. If we cannot contact you or your child's physician, we will do one or both of the following: (a) Call another physician (b) Have the child taken to an emergency hospital.
3. Any expenses incurred in obtaining emergency care will be borne by the child's family.
4. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
5. The school will not assume responsibility for a child who has not been signed in upon arrival for the day.

Signed _____ Date _____
(Parent or Guardian)

Mother emergency phone number _____

Father emergency phone number _____

Pediatrician _____ Phone number _____

Does your child have any allergies medicinal or otherwise? _____