

**Presbyterian Weekday Preschool 2017 - 2018
Medical Release and Field Trip Permission**

STUDENT'S NAME: _____

In case of an emergency call:

Mother: _____ (C) _____

(W) _____

(H) _____

Father: _____ (C) _____

(W) _____

(H) _____

Doctor: _____ Phone #: _____

If parents are unavailable call: _____ Phone: _____

Other: _____

In the event of an emergency where medical treatment is required, I give my permission to the Preschool staff to obtain the services of a licensed physician. Notify me immediately of any emergency.

I give permission for my child, _____, to go on walking field trips with the Presbyterian Weekday Preschool.

Parent's signature: _____

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