



# Spuyten Duyvil

## P R E S C H O O L

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### MEDICAL RELEASE FORM 2019-2020

I hereby give authority to the Spuyten Duyvil Preschool, Inc. staff to obtain necessary emergency medical treatment for my child \_\_\_\_\_ with the understanding that the family will be notified as soon as possible.

Health Insurance Coverage: \_\_\_\_\_

Policy/ID# \_\_\_\_\_ Primary Insured Name \_\_\_\_\_

Signed \_\_\_\_\_

Relationship to child \_\_\_\_\_ date \_\_\_\_\_

### PERMISSION FORM

**Please initial each section of this form to indicate your approval.**

\_\_\_\_\_ I give permission for my child \_\_\_\_\_ to go with the Spuyten Duyvil Preschool teachers on walks around the area and field trips that are scheduled throughout the year. You will be notified in advance of trips that require transportation.

\_\_\_\_\_ Spuyten Duyvil may take photos/videos of my child \_\_\_\_\_ for use within the school on bulletin boards or teacher-made materials. Photos or videos used outside the school for publicity or to illustrate the school's work (flyers, newspapers, web pages, etc.) will never include any child's name or personal identifying information.

\_\_\_\_\_ I have no objection to my family's contact information being included in class lists given to all families. This is for parents and children to be able to connect with each other outside of class.

Signature \_\_\_\_\_

Relationship to child \_\_\_\_\_ date \_\_\_\_\_