

**NORTH RALEIGH UNITED METHODIST PRESCHOOL
FIELD TRIP AND EMERGENCY MEDICAL FORM**

Date of Birth _____

(Child's Name)

BLANKET FIELD TRIP FORM FOR FOUR AND FIVE YEAR OLD CHILDREN

PARENTS' NAMES _____

ADDRESS _____ Zip Code _____

This is to certify that my child, _____,
has permission to participate in all school activities and field trips planned and supervised by the school staff.

(signature) (date)

EMERGENCY MEDICAL CARE INFORMATION

(Child's Name)

(Parent to contact) (Address) (Telephone)

(Parent to contact) (Address) (Telephone)

RESPONSIBLE PARTIES TO CALL IF PARENTS CANNOT BE REACHED:

(Physician) (Address) (Telephone)

(Dentist) (Address) (Telephone)

(Friends or Family) (Address) (Telephone)

(Friends or Family) (Address) (Telephone)

Preferred Hospital _____

In case of an emergency, I authorize the staff of NRUMCP to provide and/ or seek emergency medical care for my child.

Parent's Signature Date

I, _____, a Notary Public for Wake County, North Carolina, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20____.

(Official Seal)

Notary Public

My Commission expires _____