

Setauket Parents Playschool

160 Main St., East Setauket, NY 11733

MEDICAL RELEASE FORM

In case of emergency where parents or relatives cannot be reached I give permission to the staff of Setauket Parents Playschool to transport by child to University Hospital Emergency Room. I also give the University Hospital Emergency Staff permission to administer necessary emergency treatment of my child until I can be contacted.

Signature of Parent _____ Date _____

_____ Date _____

Witness _____
