

**UNITARIAN UNIVERSALIST FELLOWSHIP AT STONY BROOK
FIELD TRIP PERMISSION**

I, _____ (please print), am the parent or legal guardian of
_____.

I grant permission for my son/daughter to attend the following field trip:

_____ ACTIVITY & LOCATION

_____ DATE & TIME

I hereby give my consent and authority for the adults accompanying the group to take any reasonable action to help ensure the safety, health, and welfare of my child. I also give my consent for any necessary medical treatment, including emergency surgical care, if needed.

Signature of Parent of Guardian:

X _____ Date: _____

In case of emergency call (name & number): _____