

**Permission and Medical Release Form**  
**First Baptist Weekday Preschool**  
**Waynesboro, VA**

I give permission for my son/daughter, \_\_\_\_\_, to travel with First Baptist Weekday Preschool on field trips and walks to the Public library and/or around our downtown area including other venues within walking distance of the school during the 2015 - 2106 school year. I understand that an adequate number of chaperones will accompany each trip and you will be made aware of each trip prior to our leaving.

I also give permission for his/her teacher or a duly appointed chaperone to authorize a licensed physician to treat him/her in the event of an emergency both on or off school property during such an outing. I understand every reasonable attempt will be made to contact me in the case of a serious injury or illness.

**Insurance Information**

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy/Group #

\_\_\_\_\_  
Policy Holder's Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_