



Spuyten Duyvil

P R E S C H O O L

3041 KINGSBRIDGE AVENUE, BRONX, NY 10463 TEL 718 549 1525 FAX 718 884 0667 information@spuytenduyvilpreschool.org

MEDICAL RELEASE FORM

I hereby give authority to the pre-school staff to obtain necessary emergency medical treatment for my child _____ with the understanding that the family will be notified as soon as possible.

Signed: _____

Relationship: _____

Date: _____