



PERMISSION SLIP

I give permission for my child _____
(name)

To participate in Kayaking at Quogue Wildlife Refuge **on Monday, July 29**
2:00-3:30pm

In case of emergency,

I can be reached: _____, _____
(Cell phone #) (Home #)

Emergency contact person if I cannot be reached _____
(Name)

(Phone #)

Name of person dropping off and picking up my child:

Parent/Guardian's Signature

Additional Notes:

- Drop off at Quogue Wildlife Refuge by **1:45pm.**
3 Old Country Road Quogue, NY 11959 631-653-4771
info@quogewildliferefuge.org
- Bring drinking water, and wear sunscreen.
- Pick up at the Refuge promptly by **3:30pm.**