



## PERMISSION SLIP

I give permission for my child \_\_\_\_\_  
(name)

To participate in Kayaking at Quogue Wildlife Refuge **on Tuesday, July 6**  
**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

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**Additional Notes:**

- Drop off at Quogue Wildlife Refuge by **1:45pm.**  
3 Old Country Road Quogue, NY 11959 631-653-4771  
[info@quoguewildliferefuge.org](mailto:info@quoguewildliferefuge.org)
- Bring drinking water, a lite snack and wear sunscreen.
- Pick up at the Refuge by **3:30pm.**