



PARENT AUTHORIZATION FORM

**BAY INVESTIGATION ABOARD THE S.U.N.Y. STONY BROOK  
MARINE SCIENCE CENTER RESEARCH VESSEL**

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Business Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

School District \_\_\_\_\_ School \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Prior to your arrival on Long Island, participants may wish to consult their doctor or pharmacist to purchase one of the over - the - counter medications, should they be prone to motion sickness while on Shinnecock Bay (relatively flat water). **Prescription medication must be sent in original pharmacy containers.**

The student herein described has my permission to participate on the SUNY Stony Brook excursion scheduled for \_\_\_\_\_, 20\_\_\_\_ and to engage in all prescribed activities. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the teacher in charge to administer appropriate first aid and/or medical treatment to my child.

**RECREATIONAL SWIMMING**

The above-named student has my permission to participate in recreational swimming at the following beaches, where village, town, or state ocean-certified lifeguards will monitor the restricted swimming areas:

Ponquogue Beach, Hampton Bays  
Cooper's Beach, Southampton

Hither Hills State Park, Montauk  
Cedar Beach, Mount Sinai

SIGNATURE \_\_\_\_\_  
Parent or Legal Guardian

DATE \_\_\_\_\_