



2016-2017

Please return by August 25

Form for 3 through 5-year-olds

EMERGENCY CARE PARENT PERMISSION

Please fill out and sign each of the following forms and return them with the Teacher Information sheets. We **must** have these forms before your child starts school.

In case of a sudden illness or accident, the Newark Methodist Preschool Staff will try **first** to contact you, the child's parents/guardians, and/or the child's physician. IF PARENTS AND PHYSICIAN CANNOT BE REACHED IMMEDIATELY, do you give permission for the teacher and/or director to transport or call for an ambulance if necessary, your child to **NEWARK EMERGENCY ROOM** for treatment?

Circle one: YES NO

I consent to have my child _____ treated at Newark Emergency Room in case of a sudden illness or emergency.

Date _____

Signed _____
Parent(s) signature(s)

Health Insurance Company _____

Member's Name and Number _____

Medical Information (Allergies, medical conditions, etc.) _____

FIELD TRIPS PERMISSION SLIP

My child, _____, may accompany the preschool class on any field trip planned by the Newark Methodist Preschool. All trips taken by car (four year old classes and Prekindergarten only) are announced at least forty-eight hours beforehand. A detailed permission slip will be sent home before each field trip taken by car. Children will be restrained in car seats. Three-year-old classes only go on short local walks – no trips by car. Walking trips will be well supervised.

Date _____

Signed _____
Parent(s) signature(s)

Note: Parents will be invited to chaperone field trips and should understand that anyone who volunteers to drive **must carry liability insurance**. In case of an accident during the field trip, the responsibility falls on the driver of the car, **not** the school or church.



2016-2017

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Form for 2-year-olds

EMERGENCY CARE PARENT PERMISSION

Please fill out and sign this form and return it with the Teacher Information sheets. We **must** have these forms before your child starts school.

In case of a sudden illness or accident, the Newark Methodist Preschool Staff will try **first** to contact you, the child's parents/guardians, and/or the child's physician. IF PARENTS AND PHYSICIAN CANNOT BE REACHED IMMEDIATELY, do you give permission for the teacher and/or director to transport or call for an ambulance if necessary, your child to **NEWARK EMERGENCY ROOM** for treatment?

Circle one: YES NO

I consent to have my child _____ treated at Newark Emergency Room in case of a sudden illness or emergency.

Date _____

Signed _____
Parent(s) signature(s)

Health Insurance Company _____

Member's Name and Number _____

Medical Information (Allergies, medical conditions, etc.) _____
