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Emergency Care Parent Permission Form

2024-2025 School Year

Please fill out and sign this form and return to the office with your Teacher Information Sheets by August 26.
These forms must be received 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?

Choose one:

☐

Yes

☐

No

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

Signed _____ Date _____
(signature of parent or guardian)

Health Insurance Provider _____

Member's Name _____

Member ID #/Plan _____

Any pertinent medical information (allergies, medical conditions, etc.) _____
