

**The Newgrange School of Princeton, Inc.
The Laurel School of Princeton**

**RELEASE FOR EMERGENCY MEDICAL TREATMENT
2018-2019**

Dear Parent or Guardian:

In case of medical emergency, it is imperative that the school be able to insure adequate and appropriate treatment for your child. In order to do so, a medical release is necessary. Please complete the release below and return it immediately to the school.

In the event of a medical emergency requiring professional medical attention while at school, your child will be taken to Princeton Medical Center or St. Peter's Hospital by ambulance. You will be notified immediately. A designated staff member will accompany the child until you arrive.

Yours sincerely,
Dee Rosenberg

I, Mr./Mrs./Ms. _____ hereby grant permission to The Laurel School to take my child _____ to an appropriate medical facility in order that he/she may be provided with emergency medical attention when required. I will not hold the school financially responsible for the emergency care and/or transportation of my child. Your signature below is not sufficient for the release of confidential information protected by law.

Special instructions: (Please indicate any allergies to medication, etc.)

Signature of Parent/Guardian

Date