



The Calais School

RELEASE FOR EMERGENCY MEDICAL TREATMENT 2024-2025

Dear Parent or Guardian:

In case of medical emergency, it is imperative that the school be able to ensure adequate and appropriate treatment for your child. 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 Morristown Memorial Hospital by ambulance. You will be notified immediately. A designated staff member will accompany the child until you arrive.

Yours sincerely,
Theresa Fritzky
Principal

I, Mr./Mrs./Ms. _____ hereby grant permission to

The Calais School to take my child _____

to an appropriate medical facility in order that he/she may be provided with emergency medical attention when required. 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