



JOYFUL NOISE

Preschool and Daycare

400 Speedwell Ave - Morris Plains, NJ 07950

Phone: 973-539-9514

Fax: 973-539-1225

Email: JoyfulNoise@jn.mppresby.org

Website: <https://joyfulnoisenj.org>

2023-2024 Medical Release Form

Child's Name: _____

_____ (Print Parent/Guardian Name(s))
have received the Joyful Noise Medical Policy and the Medication Administration Policy and Procedures. I/we have thoroughly read these policies and procedures and understand my/our responsibilities as they have been stated. I/We am/are especially aware of the policy and procedure of having my/our child's health care provider fill out a separate "PERMISSION TO GIVE PRESCRIPTION MEDICATION" form EVERY TIME I need to have Joyful Noise administer prescription medication to my child. Forms are available from the classroom teacher and the Joyful Noise Office.

Parent/Guardian Signature(s): _____

In case of an emergency, SHANNON GRAZIANI, DIRECTOR, MISSY NIGRO, TRACY AMELIO, JENIFER BEYRENT & NANCY CAPUTO, SUPERVISORS of the Joyful Noise Preschool & Day Care Center or the DIRECTOR'S DESIGNEE identified below have my/our permission to contact 9-1-1 and/or to admit my child, _____, to the Morristown Medical Center Emergency Department.

Shannon Graziani, Director Shannon Graziani

Missy Nigro, Supervisor Missy Nigro

Tracy Amelio, Supervisor Tracy Amelio

Jenifer Beyrent, Supervisor Jenifer Beyrent

Nancy Caputo, Supervisor Nancy C. Caputo

Director Designee _____

Parent/Guardian Signature(s): _____