



## Visitor Release

We are delighted to have your child as our guest today. As with our own students, our number one concern is your child's health and safety while under our care. While we never expect an emergency to arise, it is important for us to have the following information to allow us to respond to situations appropriately and promptly or to contact you, if necessary. A copy of this form will be shared with the administrative team today.

### Visitor Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Visiting Grade: \_\_\_\_\_ Host Classroom: \_\_\_\_\_

### Emergency Contact Information

Contact 1: \_\_\_\_\_ Relation to Visitor \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Relation to Visitor \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Medical Information

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergy Information: \_\_\_\_\_

Medications: \_\_\_\_\_

Any restrictions to your child's activities: \_\_\_\_\_

Does your child have any medical conditions of which the school should be aware? Please explain. \_\_\_\_\_

In case of emergency, I give qualified personnel permission to treat my child. I give further permission for health related information about my child to be shared with DHMC staff.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_