



## 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.

Visitor's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Person to contact in case of an emergency:

Name \_\_\_\_\_ Relation to Visitor \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_ Cell \_\_\_\_\_ Home/Work \_\_\_\_\_

### Person to contact if we cannot reach the first person:

Name \_\_\_\_\_ Relation to Visitor \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_ Cell \_\_\_\_\_ Home/Work \_\_\_\_\_

### Medical Information:

Visitor's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child takes regularly: \_\_\_\_\_

Please list any restrictions to your child's activities: \_\_\_\_\_

Does your child have any medial conditions of which the school should be aware of? If so, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

*In case of emergency, I give qualified personnel permission to treat my child. I further give permission for health related information about my child to be shared with Rosarian Academy staff on a "need-to-know" basis.*

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