



## **Experience Day Permission Form**

We highly value the safety of our students and visitors. Please complete the form found below and have your child bring it with him or her on the day of the visit.

Name of student: \_\_\_\_\_

Grade of visit: \_\_\_\_\_

Date of visit: \_\_\_\_\_

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

Name of Parent(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Any medical concerns that we should be aware of while your (child)ren are visiting?

\_\_\_\_\_

**In the event that a parent cannot be reached in an emergency, I/we give the school authorities permission to treat and/or transport my/our child to any facility necessary to provide care:**

Parent(s) or Guardian(s) Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_