



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 they are with us. 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.

A copy of this form will be shared with the school nurse.

Visitor's Name: _____

Address: _____

Emergency Contact Name: _____

Relation to visitor: _____

Preferred phone number: _____

Second Emergency Contact Name: _____

Relation to visitor: _____

Preferred phone number: _____

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 Monsignor Bonner & Archbishop Prendergast staff on a "need to know" basis.

Medical Concerns: _____

Signature of Parent/Guardian _____

Date: _____