

MIDDLE SCHOOL STUDENT VISITOR REQUEST

Dear Student,

This form is required if you wish to bring a visitor to school. Teachers of **all** classes, including PE and Arts teachers, must sign this form. When completed, return this visitor request to the MS Office **no less than three days** before the visitor plans to attend school. A copy of this form will be kept in the office.

Sincerely,
Barbara Ostos

To Be Completed by Your Parent

My child _____ would like to bring a visitor to school on the day of _____.

His/Her name is: _____, and he/she is in the
grade at _____.
(School)

Parent Signature

Date

To Be Completed by Your Teachers

Period/Course	Teacher Signature

To Be Completed by the Parent of Your Visitor

My child _____ has permission to visit Catlin Gabel Middle School on the day of _____.

Except as noted on the back of this page, my child is in good health, has no food or drug allergies, has no chronic conditions that would affect treatment and takes no medications routinely.

In the event of a medical emergency, I understand that The Catlin Gabel School would make arrangements to transfer an injured student to the nearest hospital. Simultaneously, the School would begin efforts to reach the parents or legal guardian. If a delay in reaching the child's parents or legal guardian jeopardizes the child's well being, The Catlin Gabel School would secure whatever treatment is deemed necessary by a medical professional, including the administration of anesthetics and surgery.

On the back of this page, I have included emergency contact information.

Parent Signature

Date

Visitor Emergency Contact Information

Name: _____ Child's birth date: _____

Medical Insurance Provider: _____

Group#: _____ Member #: _____

Except as noted below or on my child's Emergency Authorization Form, my child is in good health, has no food or drug allergies, has no chronic conditions that would affect treatment and takes no medications routinely.

EXCEPTIONS: _____

Mother's Name

Address

Place of Employment

Day telephone: _____

Evening telephone: _____

Cell/car telephone: _____

Pager: _____

Father's Name

Address

Place of Employment

Day telephone: _____

Evening telephone: _____

Cell/car telephone: _____

Pager: _____