



VISITOR RELEASE

We are delighted to host your child as our guest for a day. As with our students, our number one concern is your child’s health and safety while he/she is with us. It is important for us to be able to contact you promptly if necessary in case of emergency. A copy of this form will be shared with the school nurse.

Visiting Student Name: _____

Visiting Student Address: _____

Medical Concerns:

PRIMARY PERSON TO CONTACT IN CASE OF AN EMERGENCY

Name: _____ Relation to Student: _____

Preferred Telephone Number(s): _____

SECONDARY PERSON TO CONTACT IN CASE OF AN EMERGENCY

Name: _____ Relation to Student: _____

Preferred Telephone Number(s): _____

In case of an 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 MOT Charter School staff on a “need to know” basis.

Parent or Guardian Signature

Date