Admissions Visitor Emergency Information

Student Name: 

Visit Date: 

Parent/Guardian Name: 

Home Phone:             Business Phone:             Cell Phone: 

Special instructions – please note any important medical information for our school nurse including allergies, medications, physical limitations, etc.

My child has had a physical examination by a physician within the last year, and the doctor has not informed me of any health issue that would affect my child’s participation in a Physical Education Program. Since Hackley has not had the opportunity to review health forms as would be the norm for enrolled students, I authorize and accept responsibility for my child’s participation in the Physical Education Program during my child’s visit on the date named above.

In the event that I cannot be contacted, I hereby consent to emergency medical treatment, hospitalization or other treatment as may be necessary for the welfare of my child by a physician, qualified nurse, or hospital and its personnel in the event of injury or illness during the period of time when my child is visiting Hackley School. In the event of a severe allergic reaction, I also consent to emergency use of an Epi-pen by a faculty member trained in the use of an Epi-pen.

Signature (parent/guardian)             Date