



## VISITOR RELEASE FORM

Thank you for your interest in having your child spend the day at Pardes Jewish Day School. We are excited to have your child as our guest on (date): \_\_\_\_\_. We have planned an exciting and educational day filled with activities that will give your child the opportunity to experience many aspects of life at Pardes.

It is important for us to have the following information to allow us to respond to situations appropriately and promptly contact you, if necessary. This form will be kept in the Admissions Office while your child is visiting.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Person to contact in case of an emergency:

Name: \_\_\_\_\_ Relation to Visitor: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Person to contact if we cannot reach the first person:

Name: \_\_\_\_\_ Relation to Visitor: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any known allergies including food allergies: \_\_\_\_\_

Does your child carry an inhaler or EPI pen? \_\_\_\_\_

List medications your child takes regularly: \_\_\_\_\_

List any restrictions to your child's activities: \_\_\_\_\_

Please circle which medication(s) your child can receive:

Benadryl

Tylenol

Ibuprofen (Advil)

Cough Drop

Neosporin Ointment

Does your child have any medical conditions the school should be aware of? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency, I give permission to treat my child. I give further permission for health related information about my child to be shared with qualified medical personnel.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_