



Student Visitor Form

Visitor Name:

Visitor's Current School & Grade Level:

Parent's/Guardian name:

Home Address:

Home Phone Number:

Emergency Contact (Daytime) Phone Number:

Parent Email Address:

I understand that visitors must follow MPH rules and policies and that school administration reserves the right to terminate a visit for failure to abide by school rules or if the visit becomes disruptive.

Parent/Guardian Signature: _____ **Date:** _____

Medical Information and Parental Consent:

- Visitors who carry an epi-pen, inhaler, or diabetic medications must provide to the MPH School Nurse a signed doctor's note stating that they may self-carry and self-administer those medications.
- Visitors who require the MPH nurse to administer any medication must bring with them a signed doctor's note and the MPH Medical Permission Form signed by their parent/guardian. This form can be found [here](#).
- Visitors with severe allergies must provide MPH with the appropriate treatment plan from the doctor.

Doctor's notes, Medication Permission Forms and treatment plans can be sent to the School Nurse prior to the visit, or can be delivered directly to the Health Office the morning of the visit. The MPH School Nurse can be reached at badams@mph.net or 446-2452 ext. 127.

If there is any additional information that you feel the School Nurse should know about regarding your son or daughter's health, please feel free to share that information here:

I hereby grant permission to my son/daughter to visit MPH. In addition, I grant permission to a representative of MPH to secure proper medical/dental treatment for my son/daughter in the event of a medical emergency, provided MPH is unable to communicate with me and if, according to his or her professional judgment, further delay might jeopardize the welfare of my son/daughter. Accordingly, I absolve and hold harmless MPH with regard to any and all liability relating to said treatment. Further, I understand that I am responsible for providing the primary medical insurance for my child and for payment of any medical expenses for my child that are incurred and not covered by other insurance.

Parent/Guardian Signature: _____ **Date:** _____