Visitor Medical Information

*Please complete this form and bring to Cannon School on the day of your child’s visit.*

Date of Visit: ___________________ Applying to Grade: ___________________
Student Visitor Name: __________________________________________________

Note: If you answer yes to any of the following questions, please email our school nurse at bnewman@cannonschool.org prior to your visit on campus to ensure everyone’s safety at our school. Thank you.

YES  NO  Does your child have any allergies (food, insect sting, environment, etc.)? If yes, please list: __________________________________________________

YES  NO  Is there a medical condition, which requires monitoring or limitation of activities during the day? If yes, please explain: __________________________________________________

YES  NO  Does your child take medication on a daily basis (including inhalers) which the nurse or school personnel may need to administer? If yes, the medication must be brought directly to the nurse’s office in the original, properly labeled container on the day of the visit.

Name of Parent/Guardian: ________________________________________________

Best phone number to reach you while student is at Cannon School for visit: ________________________________________________

If parent/guardian cannot be contacted in an emergency, please contact:
Name: ___________________ Phone: ___________________

Is someone other than a parent/guardian picking up the student at the end of the day? If so,
Name: ___________________ Relationship: ___________________ Phone: ___________________

I give the school nurse permission to administer my child’s emergency prescription medicine. I give the school permission to share medical information relevant to my child’s health with appropriate members of the Cannon School staff.

I agree to release Cannon School and its employees and will hold them harmless from any liability which may arise from incidents or accidents involving my child/children and myself while on Cannon School’s premises, to the extent by law.

Signature: ___________________ Date: ___________________