



## Visitor Release of Information

We are delighted to have your child as our guest today. As with our own students, our number one responsibility is your child's health and safety while under our care. While we never expect an emergency to arise, it is important for us to have the following information to allow us to respond to situations appropriately and promptly or to contact you, if necessary.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Visiting Grade \_\_\_\_\_

### EMERGENCY CONTACT(S):

Name \_\_\_\_\_ Relation to visitor \_\_\_\_\_

Best Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Relation to visitor \_\_\_\_\_

Best Contact Number \_\_\_\_\_

Known Allergies \_\_\_\_\_

Regularly Taken Medications \_\_\_\_\_

Restrictions to Child's Activities \_\_\_\_\_

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

In case of 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 Mounds Park Academy staff on a "need to know" basis.

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

#### Mounds Park Academy

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