Student Applicant Visit Form

Name of Child: _____ Date of Visit: _____
First Last month/day/year

Date of Birth: _____
month/day/year

Parent:	**Parent:**
Home Phone:	**Home Phone:**
Work Phone:	**Work Phone:**
Cell Phone:	**Cell Phone:**

Where will parent be during child's visit? Who should be contacted in the case of an emergency?

Does your child have any recurrent complaints or health history relevant to school participation?

Does your child have allergies (food, medications, insects, environmental)? Please explain.

Does your child use an inhaler?

Does your child have an EpiPen available?

Please include Doctor's order to administer, if applicable.

If I cannot be reached in case of an emergency, the authorities of Oak Meadow School are hereby granted permission for emergency treatment and transportation to Emerson Hospital (Concord, MA).

Parent's signature: _____ Date: _____