



### SCHOOL VISITATION PARENT PERMISSION

I request that my/son daughter be permitted to stay on the St. Paul High School campus. I hereby release and discharge the school from any and all claims for personal injuries or property damage that my son/daughter may suffer as a result of the campus visit, whether or not such injuries or damage are caused by the negligence (active or passive) of the school or its employees. Should it be necessary for my son/daughter to have medical treatment while visiting the campus, I hereby give the school personnel permission to use their judgment in obtaining medical service and to the physicians selected by the school personnel to render medical treatment deemed necessary and appropriate. I agree to relieve the school and personnel from liability in connection with this request. I understand that my insurance benefits that are effective have limited application.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Visit

\_\_\_\_\_  
Student's Current School

\_\_\_\_\_  
Student's Current Grade

Please list any medical condition that may affect your son/daughter during his/her visit.

\_\_\_\_\_

\_\_\_\_\_  
Physician or Medical Group and patient #

\_\_\_\_\_  
Physician phone number

Email addresses:

\_\_\_\_\_  
Family email address

/ \_\_\_\_\_  
Student email address

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Phone Number (home, work or cell?)

Additional phone number in case of emergency: \_\_\_\_\_

\_\_\_\_\_  
Phone number/ Name

Date and Time of student visit: \_\_\_\_\_

Please pick up your son/daughter by the time indicated above. Thank you.