

**Thacher Montessori School
Alumni Student Visitor Permission Form**

Child's Name: _____

Date of Birth: _____ Date of Visit: _____

Contact Information:

Parent/Guardian's Name: _____

Phone numbers: Cell: _____

Home: _____ Work: _____

Other emergency contact: _____

Phone: _____ Relationship to student: _____

Pick up plans:

Time: _____ Student will be picked up by: _____

(Please have adult bring picture identification)

Relationship to student: _____ Phone: _____

Medical Information:

Allergies: _____

Medications sent in with student: _____

If the student needs to bring medication with him/her, a parent must meet with the school nurse and complete medication authorization paperwork before leaving the student at Thacher. Any medication sent in with the student must be in the original container with the pharmacy label.

Acknowledgement of Parent/Guardian: _____

Please print name: _____ Date: _____

For Office Use: Classroom being visited: _____

Please send one copy with student, send one to nurse, and keep one at front desk.