



## Visiting Student Information Form

***PLEASE BRING THIS COMPLETED FORM WHEN YOUR CHILD VISITS THE SCHOOL.***

**PLEASE PRINT CLEARLY**

**Visit Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (Postal Code)

**D.O.B.:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_  
(m/d/y)

**Health Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_  
(Please include version code if applicable.)

### EMERGENCY CONTACT INFORMATION

**Parent's Name:** \_\_\_\_\_

**Phone Number:** H) \_\_\_\_\_ B) \_\_\_\_\_ C) \_\_\_\_\_

**Parent's email:** \_\_\_\_\_

**Allergies or Health Concerns:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Do you give permission for Wildwood Academy to administer acetaminophen (Tylenol) if required?      Yes      No**

**When the parents cannot be reached in the case of a medical emergency, I give Wildwood Academy permission to seek medical attention for my child.**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**