



St. Francis Xavier Preparatory School

33 Cross Street
Hyannis, Massachusetts 02601
(508) 771-7200/Fax (508) 771-7233
www.sfxp.org

VISITOR INFORMATION FORM

Date of Visit: _____ Grade Visiting: _____

Student's Name: _____ Male: _____ Female: _____
Last First Middle

Date of Birth: _____ Home Phone: _____

Address: _____
Street Town State Zip Code

In case of medical emergency, Cell for Mother: _____

Cell for Father: _____

Please list friend or relative who will assume temporary care of your child if you cannot be reached:

Name	Phone	Relationship

How will your child be picked up on the day of the visit?: _____

Known allergies for student: _____

Are there any medications that must be taken at school? _____

Other health concerns: _____

Child's Physician: _____
Phone

Choice of hospital to be used if medically expedient: _____

In the event of severe allergic reaction with life-threatening symptoms such as breathing difficulties, wheezing and other signs of impending anaphylactic shock, I give permission to the registered nurse at St. Francis Xavier Preparatory School to administer Adrenalin and/or Benadryl in accordance with the guidelines set forth below.

I understand that in the event of accident or serious illness the school will try to contact me. If the school is unable to reach me, I authorize the school to contact the physician named and to follow his/her instructions. If the physician cannot be reached and my child requires medical attention and/or transportation to another location for treatment, I give the school permission to make arrangements deemed necessary to secure treatment.

I hereby certify that I have read and understand the above stated procedures and duly authorize the administration of the school and/or school nurse to secure medical treatment and/or transport my child when they deem necessary.

Parent(s) Signature

Date