



Notre Dame Student Visitors

Name _____ Date _____

Date of Birth _____

Medical Condition _____

Emergency treatment required for your student's medical condition _____

Food Allergies _____

Emergency medication and treatment required for your student's food allergy _____

Parent/Guardian signature _____ Date _____

Parent/Guardian daytime phone numbers in case of emergency during visit to Notre Dame

#1 name _____ phone _____

#2 name _____ phone _____

This information will only be shared with the school nurse and essential personnel