



**Christian Heritage School**  
**Visitor Medical Information & Release**

We are delighted to have your child as our guest at CHS. As with our own students, our number one concern is your child's health and safety while under our care. While we never expect an emergency to arise, it is important for us to have the following information to allow us to respond appropriately and promptly.

Visitor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current grade level: \_\_\_\_\_ Address: \_\_\_\_\_

**IN CASE OF AN EMERGENCY CONTACT:**

- |    |       |                     |                   |
|----|-------|---------------------|-------------------|
| 1. | _____ | _____               | _____             |
|    | Name  | Relation to visitor | Contact number(s) |
| 2. | _____ | _____               | _____             |
|    | Name  | Relation to visitor | Contact number(s) |
| 3. | _____ | _____               | _____             |
|    | Name  | Relation to visitor | Contact number(s) |

PRIMARY DOCTOR'S NAME & PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CURRENT MEDICAL CONDITIONS AND/OR RESTRICTIONS: \_\_\_\_\_

MEDICATIONS CURRENTLY TAKING: \_\_\_\_\_

In case of emergency, I give qualified personnel permission to treat my child. I give further permission for health-related information about my child to be shared with Christian Heritage School staff and emergency medical personnel, on a "need to know" basis.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name *(please print)*

\_\_\_\_\_  
Contact Number

Parent Email: \_\_\_\_\_

**Please return this form to the Admissions Office: [admissions@kingsmen.org](mailto:admissions@kingsmen.org) or 203-452-1531 (fax)**

*For school use: Date received:*

*Date of visit:*