



MT. BETHEL CHRISTIAN
ACADEMY

Mt. Bethel Christian Academy (MBCA) Visiting Student Release

Visitor Name: _____

Date of Visit: _____

Visitor's Current School & Grade Level: _____

Parent's/Guardian name: _____

Home Address: _____

Home Phone Number: _____

Emergency Contact (Daytime) Phone Number: _____

Parent Email Address: _____

I understand that visitors must follow MBCA rules and policies and that school administration reserves the right to terminate a visit for failure to abide by school rules or if the visit becomes disruptive.

Parent/Guardian Signature: _____ **Date:** _____

Medical Information and Parental Consent

- Visitors who carry an epi-pen, inhaler, or diabetic medications must provide to the MBCA Nurse a signed doctor's note stating that they may self-carry and self-administer those medications.
- Visitors who require the MBCA nurse to administer any medication must bring with them a signed doctor's note and the MBCA Medication Authorization Form signed by their parent/guardian. This form can be found at www.mtbethelchristian.org/campus-life/forms.
- Visitors with severe allergies must provide MBCA with the appropriate treatment plan from the doctor.

Doctor's notes, Medication Authorization Forms and treatment plans can be sent to the School Nurse prior to the visit, or can be delivered directly to the Clinic the morning of the visit. The MBCA School Nurse can be reached at 770-971-0245 ext. 4057.

If there is any additional information that you feel the School Nurse should know regarding your son or daughter's health, please feel free to share that information here:

I hereby grant permission to my son/daughter to visit MBCA. In addition, I grant permission to a representative of MBCA to secure proper medical/dental treatment for my son/daughter in the event of a medical emergency, provided MBCA is unable to communicate with me and if, according to his or her professional judgment, further delay might jeopardize the welfare of my son/daughter. Accordingly, I absolve and hold harmless MBCA with regard to any and all liability relating to said treatment. Further, I understand that I am responsible for providing the primary medical insurance for my child and for payment of any medical expenses for my child that are incurred and not covered by other insurance.

Parent/Guardian Signature: _____ **Date:** _____