

School Visitor Emergency Contact Form

Please complete this form upon arrival. This information will be kept on file for safety purposes during your visit.

Visitor Information

Full Name:

Date of Visit:

Time In:

Purpose of Visit / Destination:

Emergency Contact Information

Emergency Contact Name:

Relationship to Visitor:

Primary Phone Number:

Secondary Phone Number:

Medical Considerations (Optional)

Please list any critical medical conditions or allergies we should be aware of in an emergency:

Signatures (For Printed Form)

Visitor Signature: Date: