



Bishop Garcia Diego High School
Visitor Release Form

All sections are required

Visitor's Name:	Current School:	Grade:
Emergency Contact Name:	Preferred Phone #:	
Parent Email Address:		

Visitor Information

Please list any known allergies:

Please indicate any medications taken regularly:

Please list any activity restrictions or medical conditions:

In the event of an accident or injury, permissions is hereby granted to proceed with medical or first aid treatment for the above named participant. In the event of serious illness, should there be a need for surgery or a medical procedure, I understand that every attempt will be made to contact the individual(s) listed above in the most expeditious manner possible. In the event they cannot be reached, I understand that it may be necessary to provide acute medical care without specific consent. I agree to assume responsibility for any injuries caused by the institution and/or its representatives' negligence arising from the above listed visitor's participation in the activity or events listed below. This form also serves as a photo release for Bishop Diego High School. No identifying information will be provided should a photo be used.

Parent/Legal Guardian:	Date:
------------------------	-------

Please check events you are granting permission for:

- Shadow Visit
- Freshman for a Day
- Movie Night
- Chemistry Night
- Multimedia Night
- Project Santa

Please return this form prior to the first scheduled event to Bishop Diego's Admissions Office. Forms can be uploaded to a visitor's online inquiry or application, emailed to admissions@bishopdiego.org, or mailed to the address below.