



# SCHOOL SITE VISIT – VISITOR FORM

This form **MUST** be completed prior to visiting the school.

Visitor Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent Phone #: \_\_\_\_\_ Alternate Parent Phone #: \_\_\_\_\_

Student Phone #: \_\_\_\_\_ DATE OF SHADOW VISIT: \_\_\_\_\_

NAME OF TECH SHADOW HOST: \_\_\_\_\_ TECH ADMIN APPROVAL: \_\_\_\_\_

## PARENTAL CONSENT FOR SCHOOL SITE “SHADOW VISIT”

I consent to let my child visit **OAKLAND TECHNICAL HIGH SCHOOL** on the date listed above. By signing this, I release the Oakland Unified School District from liability for property damage, theft, or personal injury occurring to my child during or by reason of this visit.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Signature of visiting student

\_\_\_\_\_  
Parent or guardian – print name

\_\_\_\_\_  
Date

**Emergency Contacts:** If child listed above becomes ill or is injured at school, and I cannot be reached, the school authorities have my permission to contact and release my child to the care and custody of one of the following:

1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Please list any serious health concerns (allergies, medications, asthma, diabetes, seizures, etc):

\_\_\_\_\_