



International School of Denver

Visiting Student Information Form

Parents/guardians must complete the information below as well as the Parent Certification, Acknowledgement, Release, and Waiver for all visiting students.

Requested visit date(s) and time(s): _____

Visiting Student's First Name	Last Name	DOB
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Parent/Legal Guardian Name	Signature	Date
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Special Medical Needs & Allergies (Visiting Students with special medical needs and allergies must have approval from the ISD Health & Wellness Center to visit campus.)

Emergency Contact Information

Parent 1:

Name:

Phone:

Parent 2:

Name:

Phone:

Primary Doctor:

Name:

Phone:

Dentist:

Name:

Phone:

Parent Certification, Acknowledgement, Release, and Waiver

I, the undersigned parent or legal guardian (Parent) of _____ (Visiting Student), hereby certifies that the information on this Visiting Student Information Form is complete and accurate.

I do hereby authorize the International School of Denver (ISD) as an agent for the undersigned identified above to consent to any emergency transfer, X-Ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care of the Visiting Student identified above which is deemed advisable by and to be rendered under the general or specialized supervision of any EMS, physician, or surgeon licensed under the provisions of the Medical Practices Act, or the medical staff of Children's Hospital Colorado or the best available hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospitalization care being required, but is given to provide authority or power on the part of my above-said agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable in case of emergency only. This authorization shall remain effective until the Visiting Student is signed out in writing from the International School of Denver.

Parent agrees to release and hold harmless ISD, its officers, directors, employees, and agents from all claims, damages, or other liabilities for injuries to Student, other than for injuries from the gross negligence of ISD, its agents, or employees. Parent agrees to indemnify ISD and its officers, directors, employees, and agents for any damage caused by Visiting Student or Parent.

Parent also understands and acknowledges that the International School of Denver's insurance policy does not cover Visiting Student and hereby waives any claim to ISD's insurance. Parent hereby affirms that Visiting Student has insurance that will cover him/her while visiting ISD.

Parent/Guardian name

Parent/Guardian signature

Date

International School of Denver Approvals

Program Coordinator _____

Division Coordinator _____

Health & Wellness Center (if applicable) _____

Admissions Director (for shadow days) _____

Head of School _____

International School of Denver

Visiting Student Policy



All requests for non-ISD students to visit ISDenver, for any length of time, must be made to info@isdenver.org at least one week in advance of the anticipated visit. Administration will send parents the Visiting Student Information Form at the time of the request. Admissions Shadow Days will be coordinated through ISD Admissions. Parents/guardians must complete the Visiting Student Information Form including the Parent Certification, Acknowledgement, Release, and Waiver and return the form to info@isdenver.org one week in advance of the visiting student's visit.

All requests for visits must be approved by the appropriate Program Coordinators and Division Coordinator as well as the Head of School and the Health & Wellness Center, if applicable. At the time of the request, Program Coordinators and Division Coordinators will verify with the appropriate teachers to ensure that (1) the visit will not disrupt classroom learning; and (2) teachers are prepared for an additional student in the classroom. Program and Division Coordinators will return the Visiting Student Information Form to Administration for approval by the Health & Wellness Center, if necessary, and the Head of School. Administration will then notify the family of the approval or denial and assist with logistics (e.g. lunches, etc.). Visiting students may purchase lunch at an emergency lunch rate or bring lunch from home.

Once approved, all visiting students must be dropped off in the Welcome Center by a parent or legal guardian. At drop off, the parent/legal guardian must enter the child's name, appropriate grade, and program into the Visitors Log. At the end of the day, the visiting student must be signed out in the Welcome Center by the parent/guardian.