

VISITING PROFESSIONAL FORM

Student Name:	DOB
Visiting professional:	Qualification:
Reason for school visit:	
Date of visit: If re occurring day and time of visit:	
WWC completed:	Signature of personnel checking WWC:
COVID immunisation check	Signature of personnel checking COVID:
<p>I give my permission for the visiting professional named above to visit my child named above at Sherbrooke Community School. I realise that this session will not be supervised by Sherbrooke staff.</p> <p>Signature: _____ Date: _____</p>	