



# CORPUS CHRISTI SCHOOL

## Authorization for Elevator Use

This form is required for students to use the school elevator at the Elementary/Middle School Campus. It must be completed and signed by a doctor and sent into school or faxed to the attention of the School Nurse at 703-820-9635.

- A student cannot ride the elevator without a school staff or faculty member.
- No more than one additional student may ride the elevator to assist with carrying books.

The top portion must be completed by a parent/guardian. The bottom portion must be completed and the form must be signed by a physician.

### This section is to be completed by a parent/guardian

Student's First and Last Name: \_\_\_\_\_

Grade/Homeroom Teacher: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Daytime Contact Number for Parent/Guardian: \_\_\_\_\_

### This section is to be completed by a physician

Diagnosis: \_\_\_\_\_

Date of Order: \_\_\_\_\_

Duration of Order: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Physician's Signature / Date: \_\_\_\_\_