



**HEALING HANDS & HEARTS INC.**

1500 Lee St.  
Alexandria, LA 71301  
(318) 625-7050

**School Visitation**

I understand that there may be times when staff members of Healing Hands & Hearts, Inc., may need to visit my child's school, to visit his/her teacher or school administration, to observe the child's classroom behavior; or to intervene in the event of a crisis situation. By signing this document below, I am acknowledging and/or granting the agency staff permission to enter the school on my behalf.

I \_\_\_\_\_ grant Healing Hands & Hearts, Inc.

Parent/Guardian's Name

staff permission to visit my child \_\_\_\_\_ at

Child's Name

\_\_\_\_\_  
Name of School

Parent/Guardian's Signature: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_