

Sandra Day O'Connor High School



NOTICE OF AUTHORIZATION TO DEPART- STUDENT MEDICAL/EMERGENCY RELEASE FORM.

I _____ parent/guardian of _____
Mother/Father or Guardian Name Student's Name

Give my **authorization** to _____ allow my student to leave school
early. Authorized Person Relationship to student

Today's date _____ Time to leave _____

Reason:

_____ Sign out of school for an emergency situation.

_____ Scheduled appointment such as doctor or dental.

_____ Personal Reason: Explain:

Parent, Please attach a clear copy of your driver's license and fax this form to: 623-445-7180 or email a scanned copy with your driver's license to: Early.Eagles@dvusd.org. No student will be released without this form and receipt of the driver's license.

Parent / Guardian's Signature _____ Phone # _____