

Dover-Sherborn Regional Schools
Parents Who Are Out of Town
Authorization for Medical Care

Student Name _____ Grade: _____

While I am away from home on these dates: _____

I may be contacted at (place) _____

(phone) _____

(times) _____

I request that until I can be reached, medical care for my child may be authorized by:

(name) _____

(address) _____

(phone-work) _____ (home) _____

If I am not available, these relatives may be reached by phone:

(name) _____

(relationship) _____

(address) _____

(phone-work) _____ (home) _____

(name) _____

(relationship) _____

(address) _____

(phone-work) _____ (home) _____

Our doctor is: _____

(address) _____

(phone) _____

Our insurance is: _____

Other special information: _____

Parent/Guardian signature _____