

# **DSHS Nurse: Ms. Genatossio: Parents Away:parents away**

## Dover Sherborn High School Parents/Guardians Who Are Out of Town Authorization for Care

Student Name: Grade:

Dates that Parents/Guardians are away:

May be contacted at: Place:

Phone:

Specific Times:

Until I can be reached, care for my child may be authorized by:

Name:

Address:

Phone: work home cell

Relationship:

You may also call the following relatives:

Name:

Address:

Phone: work home cell

Relationship:

Name:

Address:

Phone: work home cell

Relationship:

Name of child's medical provider is:

Address:

Phone:

Insurance Information:

Other important information:

Parent/Guardian signature: