

**Saint Michael School
Out of Town Authorization**

Please complete this form when you may be gone and your children will be staying with family members. This aids the school office in proper care for your children.

Please print:

Family Name _____

Enrolled Students _____

Dates parents will be gone _____

If our children become ill and needs to leave school, please contact the following persons: (print name and phone number)

1. _____

2. _____

3. _____

If our children need emergency medical treatment, please indicate who on the above list has authorization and should be contacted _____.

Parent's Signature

Date

Parent's Printed Name

Medication student is take: _____
