## Sandra Day O Connor High School

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

Iparent/guardian ofUnjustified by the proof of the proof o			
Give my <b>authorization</b> to			allow my student to leave school
early.	Authorized Person		
Т	Time to leave		
Reason:	Time to leave		
Sign out of school	for an emergency situa	ation.	