

Mountain Ridge High School



Notice of Authorization to Depart-Student Medical/Emergency Release Form

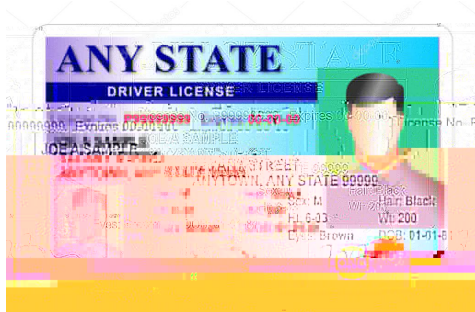
I _____ parent/guardian of _____
Parent/Guardian Student's Name

Give my authorization to allow _____
Person picking up Student Relationship to Student

To sign out my student for early release.

Today's date: _____ Time to leave: _____ Reason: _____ Illness
_____ Personal

Parent/Guardian, please attach a CLEAR copy of your Driver's License in the space BELOW and email the form to: MR-



Forms are NOT kept on file. Please send in a new form and driver's license the day of the early release.

No student will be released without this form and copy of parent/guardian's driver's license.

Parent/Guardian's Signature _____

Phone # _____