

AUTHORIZATION FOR DISMISSAL
BY SCHOOL NURSE FROM SCHOOL
GRADES 7-12

After receiving verbal permission from the below parent/guardian(s), I give the Boston Collegiate Charter School nurse permission to dismiss my child from school if sick/injured for the 2019-2020 school year.

The school nurse will only allow my child to leave on his/her own if after her assessment she feels your child can either take public transportation or walk home safely. Otherwise, the school nurse will contact me or another authorized contact on my child's health form to pick my child up from school.

Student Name:

(Please Print)

Parent/Guardian Name:

(Please Print)

Best Telephone # to be reached at while my child is in school:

Parent Signature:

Date:

Reimagining What a School Can Be