

ABSENT PARENT FORM

Child's Name: _____ Grade: _____ Teacher: _____

I/We will be gone from _____ and returning _____.

Person(s) responsible for child in my/our absence:

Name: _____

Relationship to child: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Address: _____

Is child staying at this address or is this person(s) staying in your home?

Second person(s) responsible for child in my/our absence (if applicable):

Name: _____

Relationship to child: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Address: _____

Child's Physician: _____ Clinic Phone: _____

Clinic Address: _____

Medical Insurance: _____

Policy Number: _____

Child's Dentist: _____ Phone: _____

Address: _____

Dental Insurance: _____

Policy Number: _____

Current Medications: _____

Other Pertinent Information: _____

Parent Signature

Date

Please return to the school office