



Hyde Park School

Parent Vacation/Out of Town

*Parents and guardians may fill out this form to give permission to the school to release their child to another adult in the event that they are out of town and cannot pick the child up from school (such as vacations or business trips).
Please complete and return this form to the school office, as needed.*

Child's Name: _____ Homeroom/Teacher: _____

Dates during which the above student can be released to the contacts listed below and contacts listed below can be contacted during emergency situation: _____

Day/date we are leaving town: _____ Day/date we return: _____

We will be staying at: _____

Address of where you will be staying: _____

In case of emergency, I can be contacted at the following number: (____) _____

Parent/Guardian Signature: _____

I give my permission for Hyde Park School to release my child to, or contact the following person(s) in case of illness, injury, or an emergency situation, during my/our absence:

1ST CONTACT:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

2ND CONTACT:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

3RD CONTACT:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____