

Permission for a Student with an Illness to Drive Home

Parent Name	Date	Time
released to drive home up	on the nurse receiving this completed from.	
	ny responsibility associated with my decisior	
at this time. I accept full re	esponsibility for my child's welfare while the	y are on the way home. I release
need to leave school for a	n illness. I understand the policy but I am una	able to pick my son/daughter up
is a Brook Hill School polic	y that parents are responsible for picking up	their student the event that they
needs to come home at th	is time due to an illness that developed duri	ng the course of the school day. I
The School Nurse contacte	ed me regarding the fact that my child	<i>_</i>

Email to: schadwell@brookhill.org

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