

EMERGENCY/EARLY DISMISSAL FORM

This form is to collect information from Parents/Guardians of our students regarding where their child is to go in the event of an emergency mid-day dismissal from school.

This is especially important if no one is home should an early dismissal should occur.

STUDENT NAME: _____
(Please Print)

GRADE: _____ **TEACHER:** _____

1st CONTACT: _____ Relationship to Student

Phone Number(s)

2nd CONTACT: _____ Relationship to Student

Phone Number(s)

3rd CONTACT: _____ Relationship to Student

Phone Number(s)

If school is cancelled early, my child..... (Please Check One)

- _____ will go home on the bus as usual.
- _____ will be picked up by a family member.
- _____ will be permitted to walk home.
- _____ will be picked up by daycare: YMCA BW Day Care Small World
(Circle one)
- _____ has alternate arrangements (Please Specify)

