



**IN THE EVENT OF AN EMERGENCY – ILLNESS - EARLY DISMISSAL**

Please list any person who is authorized and willing to accept responsibility of your child(ren)'s care:

- 1. \_\_\_\_\_  
Name relationship phone
- 2. \_\_\_\_\_  
Name relationship phone
- 3. \_\_\_\_\_  
Name relationship phone
- 4. \_\_\_\_\_  
Name relationship phone
- 5. \_\_\_\_\_  
Name relationship phone

In the event of a school emergency or closing, you will be notified via School Reach (the automated phone message system). School Reach is also used for general announcements (ex. event reminders). Please choose your contact numbers below.

School Reach mid-day emergency/school closing phone number(s): \_\_\_\_\_

School Reach general announcements phone number(s): \_\_\_\_\_

You also need to let us know, in the event of an emergency, if your child(ren) is/are to take the bus home as usual or to stay at the school for pick-up by indicating in the space provided below. **It is important that you talk to your children and make a plan for such circumstances.**

My child has been instructed to:  **Take the Bus**  **Remain at School**

If I cannot be contacted in the case of a medical emergency, I give permission to have my child taken to

South County Hospital:  Yes  No If NO please specify hospital: \_\_\_\_\_

Physician/Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please be advised that the school should be notified of changes to any of the information above.**