

Perrydale School District #21

EMERGENCY CONTACT/ CLOSURE

Child/Children Name _____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

Additional Emergency Contact Information/Emergency Closure

Please list **three persons or individuals** we can call to pickup and assume temporary care of your child in the event you cannot be reached.

1. **Last Name** _____ **First Name** _____ Speaks English Y N Language Spoken _____
 Relationship _____ Home Phone _____ Work _____ Cell _____

2. **Last Name** _____ **First Name** _____ Speaks English Y N Language Spoken _____
 Relationship _____ Home Phone _____ Work _____ Cell _____

3. **Last Name** _____ **First Name** _____ Speaks English Y N Language Spoken _____
 Relationship _____ Home Phone _____ Work _____ Cell _____

Unforeseen Early School Closure Family Plan

We will attempt to notify Parents first

In case of unforeseen Early School Closure my child should:

____ Ride bus home

____ Take bus to _____ Phone _____

____ Ride home with a licensed sibling

____ Notify me to pick up my child/ren at school Phone _____

____ Walk home (notify me) Phone _____

There are a few occasions when it becomes necessary to close schools or an individual school without prior notice. This may be done due to loss of electricity or water, snow and ice conditions, major storm threats, flooding or other disasters. Your school district staff has developed plans to reduce the number of times when school closure is necessary. I, the undersigned, do hereby authorize officials of PERRYDALE SCHOOL DISTRICT #21 to contact the persons named on this form and do authorize the named physician(s) to render such treatment as may be deemed necessary in a health or medical emergency.

In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child.

I will not hold the school district or its employees financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/Guardian/Eligible Student

Date