

Emergency Dismissal Contacts



In the event of an emergency early dismissal from school, please contact one of the following people, in the priority order listed, to arrange for my child(ren) to be picked up as soon as possible:

*(indicate
contact
preference)*

First Person to Contact _____

_____ Daytime Phone _____

_____ Email Address _____

_____ Text _____ *(Name of Carrier Needed)* _____

*(indicate
contact
preference)*

Second Person to Contact _____

_____ Daytime Phone _____

_____ Email Address _____

_____ Text _____ *(Name of Carrier Needed)* _____

*(indicate
contact
preference)*

Third Person to Contact _____

_____ Daytime Phone _____

_____ Email Address _____

_____ Text _____ *(Name of Carrier Needed)* _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Parent's Signature _____ Date _____