

SCHOOL DISTRICT OF NIAGARA

EMERGENCY/EARLY DISMISSAL PLAN

PLEASE RETURN THIS FORM TO YOUR TEACHER.

Date: _____

In the event of an early dismissal/emergency dismissal please complete the following information for your child's teacher to keep on file. It is necessary to fill out one form per child. Thank you.

Student name: _____ Teacher: _____

In case of an emergency dismissal, my child should: (Check one)

- Ride the bus home as they would any other day.
- Leave school with, and remain in the care of a babysitter/daycare provider listed below:

Daycare provider _____ Phone: _____

- Wait in the cafeteria to be picked up by the following individual:

Name: _____ Phone: _____

PARENT EMERGENCY PHONE NUMBERS

Name: _____ Phone: _____

Name: _____ Phone: _____

