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:_________________________

Name:_____________________________________________  Phone:_________________________