

**EMERGENCY MEDICAL FORM TRANSPORTATION ADDENDUM
2012-2013**

Child's Name: _____

Homeroom: _____

Please check the normal way your child will be transported to and from school.

_____ Bus District _____ Bus # AM _____ Bus # PM _____

_____ Car Rider AM _____ PM _____

Daily changes from the normal dismissal plans need to be communicated in writing to the teacher on the morning of the change. If your schedule changes weekly, please send in a weekly schedule to your child's teacher at the beginning of the week.

The following persons have the authority to pick up my child from school in the case of an early dismissal, an evacuation, or other emergency. The school assumes that parents will communicate with the people listed on the forms about their wishes. Fill in as many spaces as you deem fit. Having this information in advance will facilitate the smooth handling of any mass unscheduled pick-up from school.

In the event of an emergency, and if I cannot pick up my child, he/she may leave school with the following people. Be sure to include the name of an older sibling if applicable. Information should be completed for EACH person a parent wishes to authorize. The authorized person will be asked to sign out your child and show drivers' license if not recognized by the office staff.

1. Name of adult authorized to pick up my child: _____

Phone Number of authorized adult: _____

2. Name of adult authorized to pick up my child _____

Phone Number of authorized adult: _____

3. Name of adult authorized to pick up my child: _____

Phone Number of authorized adult: _____

4. Name of adult authorized to pick up my child: _____

Phone Number of authorized adult: _____