

CITY SCHOOL DISTRICT OF ALBANY
STUDENT EMERGENCY MANAGEMENT FORM

The Albany School District has developed an Emergency Management Plan to insure the safety of our children in the event of an emergency (including serious injury) and/or early dismissal. The information you provide is vital.

Please fill out the following form to be sure we have all necessary information in the event of an emergency and/or early dismissal.

It is recommended that these directions be discussed with the parties involved so that there are no surprises or misunderstandings in the event of an emergency and/or early closing.

IT IS VERY IMPORTANT THAT THIS FORM BE FILLED OUT SO THAT EACH STUDENT HAS SOME PLACE TO GO.

When there is an evacuation to an alternate site or an unscheduled dismissal, information will be given out by way of the local media.

SCHOOL: _____
Name of School

Student's Name: _____ Student I.D. No.: _____

Home Address: _____ Grade: _____

Parent/Guardian: _____ Teacher: _____

Parent/Guardian Home Phone: _____ Emergency Contact: _____
NAME

Parent/Guardian Work Phone: _____ Phone: _____

Relationship: _____

My child can: **(Please check off one of the following):**

A. Go home by him/herself

B. Can go home with _____
(Name)

C. Can Go To _____

D. Other (Please Explain) _____

IT IS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES TO THE ABOVE INFORMATION

Parent/Guardian Signature

Date