SPRING VALLEY EMERGENCY EARLY CLOSURE and EMERGENCY EVACUATION INFORMATION

YOU WILL BE NOTIFIED OF EMERGENCY ON THE RADIO OR BY TELEPHONE FAN OUT

Student's Name:	H.R.:	Phone #:	
Parent Name:	Phone #:		
Parent Name:		(work, home, cell)	
		(work, home, cell)	
SIBLINGS			
Name		H.R.	Teacher
* Youngest			
* Oldest			
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INSTRUCTIONS: (Please circle the appropriate number.)

- a) I will pick up my child(ren) at school.
- b) My child rides the bus and after exiting at the regular stop, he/she will go:
- c) Home ___Or to the home of: Name: _____Phone: _____ Address:

d) If unable to pick up our child(ren), the following people have my permission to pick up my child(ren).

Name	Relationship	Phone #

<u>PLEASE BE SURE YOUR CHILDREN KNOW THESE INSTRUCTIONS AND ANY EMERGENCY CONTACT PERSON.</u> Signature (Parent/Guardian): _____

IN THE EVENT OF AN EVACUATION TO AN EMERGENCY SHELTER

EMERGENCY SHELTER Copetown Community Centre 1950 Governors Rd, Dundas, ON L9H 5E3 (905) 628-9089

These are the two options for pickup at Copetown Community Centre

a) Parent(s) will pick up child(ren).

b) If unable to pick up our child(ren), the following people have my permission to pick up_my child(ren) (Identification may be requested at pick-up table) *YOU MUST FILL IN THE INFORMATION BELOW

Name	Relationship	Phone #

Please inform the above contacts of your emergency planning. Note: Only adults (18 years+) will be allowed to pickup child(ren).

Parent/Guardian Signature:	Date:
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Legal Authority to Collect Personal Information

The information on this form is collected under the Education Act and in compliance with the Municipal Freedom of Information and Protection of Privacy Act. The information will be used in an emergency and in the event of a pupil=s unexplained failure to arrive at school. Information on this form will become part of the Ontario Student Record. Please contact the School Principal with any questions about the collection of this information.