

Bay Knoll School Seventh-day Adventist School

Emergency Contacts & Approved Transportation Form

New York Conference of Seventh-day Adventist School System

Student's Name: _____ **Grade:** _____ **Phone:** _____

It is necessary for the school to have telephone numbers for parents, guardians, or other persons designated to be contacted in case of an emergency during the school day. Also, the school must know which person or persons are legally permitted to pick-up the student following school dismissal. Please list any person who is NOT allowed to pick-up your child. This information is for your child's health, safety, and well-being. **The names and numbers must be on file in the school office in order for the student to be in attendance.**

List in order of preference the persons to notify in case of an emergency.

Name	Telephone	Relation to Student
1.		
2.		
3.		
4.		
5.		

Family Physician*	Address & Telephone

*According to the "Consent to Treatment" form, the above-named physician should be contacted first before any other physician is contacted. After reasonable effort, if he/she is not available, the school or other organization may call a physician of its choosing.

My child will arrive at school by: Bus-School District _____ Car Other: _____

My child will leave school by: Bus-School District _____ Car Other: _____

List in order the person that are legally permitted to pick up your child(ren) following school dismissal.

(If later in the school year you wish someone else not listed to pick up your child on any given day, you must add her/his name to the list or send in a written note of your intentions for that day signed and dated by you).

Name	Telephone	Relation to Student
1.		
2.		
3.		
4.		
5.		

List name(s) of person NOT permitted to pick up your child(ren) following school dismissal.

Name	Telephone	Relation to Student
1.		
2.		

Parent / Guardian Signature: _____ **Date:** _____