



Emergency School Closure Contact Information Form

Dear Parents and Guardians,

Our goal is to unite students with families as fast as possible after an emergency. In some instances, we will evacuate a school to an off-site safe place and will reunite students with families there.

Please complete the following information so that in the event of an emergency school closure we can provide for the safety of your child(ren). Please provide as much information as possible. Use the back of this form, or attach an extra sheet of paper, to provide any additional contact information.

1. Student's Name _____ Student # _____

School Name _____ Grade _____ Student's Phone # (if any) _____

Home Address _____ Home Phone # _____

2. Parent/Guardian Contact Information:

Name	Relation	Mobile Phone #	Work Phone #
a.			
b.			
c. Other Emergency Contact (if possible, consider relatives/friends who live near the school): _____ <input type="checkbox"/> OK to release to this person			

3. List any additional children attending Salem-Keizer schools:

Name	Student #	School Name	Grade	Student's Phone #	Does this student have a vehicle and drive? (Yes or No)
a.					
b.					
c.					
d.					

Please note: In the event of an emergency, time may not allow us to call parents/guardians directly before evacuating children from the building. We will evacuate to a safe location and hold students until they can be safely released. Although every effort will be made to contact parents/guardians, the District must have other provisions if direct parent/guardian contact is not possible. The District will use mass media and many other communication methods to reach the public and parents/guardians.



For this section you MUST select one of the following of 4 through 8.

4. _____ In case of an emergency, please allow my child to leave the school unaccompanied.
5. _____ In case of an emergency, please allow my child to leave the school unaccompanied and go to my neighbor's home.
 - a. Neighbor's Name _____ Phone _____
 - b. Neighbor's Address (Street # and Name, City) _____

If you checked "yes" for number 5 and wish to have a neighbor assume responsibility for your child(ren) under these conditions, please complete the information, sign and have your neighbor sign the statement below. Also, inform your neighbor that school closures are announced on radio and TV.

I have elected to have my child(ren) go to the home of a neighbor during an emergency closure.

I have made my child(ren) aware of this arrangement and (Neighbor's Name:) _____ agrees to the responsibility.

Signature of Neighbor

Signature of Parent/Guardian

6. _____ In case of an emergency, please keep my child in school custody at a reunification center until released to an authorized parent/guardian.
7. _____ In case of an emergency, please have my child ride the school bus home as usual if the busses are running. If busses are not running, your child will be kept in District custody until released to an authorized parent/guardian.
8. _____ In case of an emergency, please allow an older sibling to pick up my child at the reunification center or school.
 - a. Name of sibling listed above in section 3: _____

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian