

Bay Knoll Seventh-day Adventist School

Emergency Contacts & Approved Transportation

New York Conference of Seventh-day Adventists 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 Dismissal. List any person who is NOT allowed to pick up your child. This information is for your child's health, safety, and well being. **These 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.		

Family Physician*	Address & Telephone #

*According to the "Consent to Treatment" form, the above-named physician should be contacted first before any other physician is called. 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 persons that are legally permitted to pick up this student at time of 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 his / her name to the list or send in a written note of your intentions for that day.

Name	Telephone #'s	Relation to Student
1.		
2.		
3.		
4.		

List any person(s) NOT permitted to pick up your child at time of dismissal.

Name	Telephone #	Relation to Student
1.		
2.		

Parent / Guardian Signature _____ Date _____