



Dear Parents,

Please help us to implement our evacuation plan. Fill out one of these sheets per family. In the event of an emergency, we will need to reach you or your stand-in quickly so that your child may be picked up as soon as possible. Our designated evacuation pick-up location is the **Scarsdale Volunteer Ambulance Corps**, located on Weaver Street. If the children are somewhere else, we'll send a representative there to let you know where.

Please list the names, relationships, and phone numbers (consider using cell phones) of local people who would be able to come for your child. Please include the name of at least one parent in our school. We will call only the numbers listed below in the order you've listed them. If you want to be called first and are usually locally available, put yourself down. If you work in Manhattan, give us four local names and arrange with those people to call you.

Name of Child/Children: _____

| | <u>Name</u> | <u>Relationship</u> | <u>Phone Number</u> |
|----|-------------|---------------------|---------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

I hereby authorize you to release my child to the above named individuals.

Signature

We cannot implement this plan until we have every one of these returned. Return ASAP.