

**CAROL NURSERY SCHOOL  
EMERGENCY EVACUATION AUTHORIZATION  
2019-2020 SCHOOL YEAR**

Child's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

List two LOCAL people who can be contacted in an emergency if a parent cannot be reached:

Contact Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Complete either Part I or Part II - Do not complete both.**

**Part I: Permission to Release Phone Numbers**

I/We \_\_\_\_\_, the parents of \_\_\_\_\_, authorize the release of all of our phone numbers and local emergency contact name and phone number to the room parent to be used in the event of an emergency evacuation of the Shaker Family Center.

**Part II: Refusal to Grant Permission to Release Phone Numbers**

I/We \_\_\_\_\_, the parents of \_\_\_\_\_, **do NOT** authorize the release of all of our phone numbers and local emergency contact name and phone number to the room parent to be used in the event of an emergency evacuation of the Shaker Family Center. I want the CNS staff to contact me or my emergency contact.

**Complete either Part III or Part IV - Do not complete both.**

**Part III: Permission for CNS Parent to Transport Child**

I/We \_\_\_\_\_, the parents of \_\_\_\_\_, (child(ren)) authorize \_\_\_\_\_, the parent of \_\_\_\_\_, child, who is in \_\_\_\_\_ classroom, to take my child(ren) to his/her house in the event no one is able to contact me/us and there is an emergency evacuation of the Shaker Family Center.

**Part IV: Refusal to Grant Permission for CNS Parent to Transport Child**

I/We \_\_\_\_\_, the parents of \_\_\_\_\_, refuse to authorize any parent to take my child(ren) to his/her house in the event no one is able to contact me/us or my emergency contact and there is an emergency evacuation of the Shaker Family Center.

**Please sign below and return this form to the CNS office.  
This form must be updated every school year.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_