

Salisbury Adventist School
— Transportation and Evacuation Consent —
School Year: _____

The safety and protection of our students is of utmost concern. We **must** have a listing of approved drivers if anyone other than a parent or legal guardian comes to pick up a student. Please include phone numbers where they may be reached during the school hours. Any deviation from this list should be expressed in writing and delivered to the teacher prior to the pick-up date.

Student's name: _____

Name	Relationship	Phone number

In case of an emergency making the close of school necessary, let my child act according to these instructions if possible; otherwise, use your best judgment.

- My child is to walk home when conditions are considered safe.
- My child is to be picked up by his parents.
- My child is to be picked up by: Name: _____

Phone Number: _____
- My child may be released to any responsible adult who offers transportation.

Parent's Signature

Date