

**Form E – 2**  
**Emergency Contacts and Transportation Authorization**  
**2010 – 2011 Academic Year**



Student Name \_\_\_\_\_ Grade \_\_\_\_\_

**EMERGENCY CONTACTS**

Sometimes children become ill at school and need to be sent home. In the event you are not able to be reached when it is necessary please furnish two names of persons and their relationship to you whom you wish us to call.

<b>Other Contact #1</b>	<b>Other Contact #2</b>
Name:	Name:
Relationship:	Relationship:
Street Address:	Street Address:
City:	City:
State/Province/Zip/Country Code:	State/Province/Zip/Country Code:
Country:	Country:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:

**ACTIVITY PARTICIPATION**

I hereby represent to Andrews Osborne Academy that I \_\_\_\_\_ am the parent or guardian of \_\_\_\_\_ and have the responsibility for his/her support, medical, dental and hospital expenses and for his/ her education.

I take full responsibility for and am willing to have him/her ENGAGE IN PHYSICAL EDUCATION AND SCHOOL SPONSORED EVENTS OF THE ACADEMY. In consideration of the acceptance by Andrews Osborne Academy of this application to participate in an Andrews Osborne Academy program, which includes the use of Andrews Osborne Academy property, I hereby release, discharge, and hold harmless Andrews Osborne Academy, its agents, employees and officers from any and all claims, demands, actions, damages, losses, judgments and executions which I ever had, now have or claim to have in the future against the academy, its agents, employees and officers for all personal injuries, known and unknown and injuries to property, real or personal, caused by or arising out of the use of such property or participation in said program, whether such injury or damage may have been caused or is alleged to have been caused, directly or indirectly, by an act of omission or commission, negligent or otherwise, of Andrews Osborne Academy, its agents, employees or officers. I hereby agree to indemnify Andrews Osborne Academy, its agents, employees and officers for all damages, liabilities, losses, judgments and executions which may have been sustained as a result of any injury to my child or ward.

**Date:** \_\_\_\_\_ **Signature of Parent or Guardian** \_\_\_\_\_

**TRANSPORTATION INFORMATION: PLEASE CIRCLE ALL APPROPRIATE RESPONSES**

<p><b><u>How does the student get to school?</u></b> <i>(This information is needed for emergencies or early dismissals)</i></p> <p><b>Day Students only:</b>          YES / NO AOA transportation          YES / NO Bussing: Kirtland, Mentor or Willoughby          YES / NO Drives          YES / NO Family or friends drive my child          YES / NO Carpool—list other members of carpool below:</p>	<p style="text-align: center;"><b><u>Transportation Authorization</u></b></p> <p><b>My child has permission to ride with the following:</b>          YES / NO AOA faculty and staff members          YES / NO Parents of AOA students          YES / NO AOA students          YES / NO My child may use his or her own discretion</p> <p><b>My child has permission to drive:</b>          YES / NO To and from school          YES / NO Other AOA students</p>
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**EARLY DISMISSAL AUTHORIZATION FOR DAY STUDENTS**

Ohio weather is unpredictable. Should a severe storm or emergency develop during a school day, it is sometimes necessary to close school early. Please indicate your preference in an emergency school closing situation:

[ ] [ ] **I WANT TO BE CONTACTED IN EACH CASE:** If the contacts listed for my child cannot be reached, I **Yes No** want my child to remain at school. I will then be responsible for making arrangements for my child's return home.