

## **Ottawa Adventist School**

2200 Benjamin Avenue, Ottawa, Ontario K2A 1P5 Telephone (613) 722-3770 Fax (613) 722-3767

## **Christian Education An Adventist Essential**



Evacuation Form			School Year
STUDENT INFORMATION			
Family Nan		Given Name	Middle Name
Home Add	ress	L	L
City		Province Postal Code	Home Phone No.
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In case of emergency including school closure. (For example, a fire or severe storm warning.)			
Instructions given to my child are as follows: (Please check ONE.)			
1. 🛭	My child may go home by public transit. My child has access to the house if I am not at home.  Additional instructions:		
2. 🛚	When informed of the emergency, I will arrange for transportation. I will inform staff, should a designated adult pick up my child on my behalf.		
	Additional instructions:		
3. 🛭	My child may be released to any responsible adult who offers transportation.  Responsible adult may include: another parent, Pastor, Teacher, church Board mer		
Additional instructions:			
4. 🛭	Teaching staff my be dis	cretionary in any such emergenc	y.
	Additional instructions:		
Parent's or	r Guardian's Full Name — Printed	Signature	Date (mm/dd/yyyy)