

**ST. MICHAEL SCHOOL  
EMERGENCY TRANSPORTATION AUTHORIZATION**

In the event of an EMERGENCY (i.e. terrorist attack, fire, gas leak), my/our child \_\_\_\_\_ in Room \_\_\_\_\_ can be transported as follows:

**RIDE REGULAR SCHOOL BUS HOME**

Please provide name of designated adult to meet bus \_\_\_\_\_

**PICKED UP BY PARENT(S)**

Destination \_\_\_\_\_

**PICKED UP BY OLDER SIBLING**

Name(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Destination \_\_\_\_\_

**PICKED UP BY OTHER RELATIVE**

Name(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Relationship \_\_\_\_\_

Destination \_\_\_\_\_

**PICKED UP BY NEIGHBOR OR FRIEND**

Name(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Destination \_\_\_\_\_

**SIGNATURE(S) REQUIRED:**

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Name of Parent/Guardian

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

**PLEASE RETURN NO LATER THAN FRIDAY, DECEMBER 14, 2007**