EMERGENCY BACKUP PLAN

CHILD NAME: _____ **GRADE:** _____

TEACHER: _____ **SCHOOL:** _____

PARENT NAME: _____

PARENT PHONE NUMBER: (H)_____ **(C)** _____

PARENT NAME: _____

PARENT PHONE NUMBER: (H)_____ **(C)** _____

HOME BUS#: _____ **BACKUP BUS#:** _____

DAYS OF WEEK ATTENDING AFTERCARE:

Monday___ Tuesday___ Wednesday___ Thursday___ Friday____

BACKUP PLAN: _____

_____

_____

_____

_____

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_____

EMERGENCY CONTACT NAME: _____

PHONE NUMBER: (H)_____ **(C)** _____

SIGNED: _____