

# EMERGENCY NOTIFICATION FORM

(Emergency notification ought to be reviewed at least annually)

## BUS POLICY

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Dad's Work # \_\_\_\_\_

No Insurance  OHP/Medicaid  Private Health  Private Dental

Health Plan/Company \_\_\_\_\_ Policy # \_\_\_\_\_

Dental Plan/Company \_\_\_\_\_ Policy # \_\_\_\_\_

Re-certification/Renewal Date \_\_\_\_\_

Medical (Doctor) \_\_\_\_\_

City \_\_\_\_\_ Telephone # \_\_\_\_\_

Dental (Dentist) \_\_\_\_\_

City \_\_\_\_\_ Telephone # \_\_\_\_\_

Hospital \_\_\_\_\_

City \_\_\_\_\_ Telephone # \_\_\_\_\_

\*If the Parents/Guardians or designated emergency contact cannot be reached at the time of an emergency, and it appears emergency medical services are necessary, Umatilla-Morrow Head Start, Inc. is authorized to send the child, by ambulance, to the local health care facility for evaluation.

\*If the attending Health Care Provider determines that emergency medical services are necessary, and the Parents/Guardians or designated emergency contact are unavailable, permission is given for treatment.

### In case of an emergency the following information may be shared with the Health Care Provider:

Medical Problems \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

(Regularly taken, prescription or other)

### In signing, I acknowledge agreement to the statements above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Review date \_\_\_\_\_ Parent/Guardian Initial \_\_\_\_\_ Staff Initial \_\_\_\_\_

Pick-Up Address \_\_\_\_\_

Take Home Address \_\_\_\_\_

If other than parent, person's name \_\_\_\_\_

1. Buses will transport children in part-day programs within a 7 mile maximum radius of the center, in the town in which the classroom is located. Families that live within a 4 block radius of the school **will** be asked to self transport or walk their children to class. It is our goal to provide transportation services to the majority of our children and keep the amount of time children are in transit to and from school a reasonable length. The Head Start Performance Standards state that transit time should not exceed one hour.
2. The bus driver will follow the same route each school day. The parent will be given an approximate time of when the bus will **leave** the bus stop. The bus driver will never leave your stop before the given time, but if you are not out at the stop on time, the driver will continue on their route and it will be the parent/provider's responsibility to assure that the child gets to school. Parent/provider's need to be at bus stops 10 minutes prior to bus departure time.
3. The bus driver must visually see that there is a person listed on the emergency contact form, at least 12 years of age, at the bus stop before the child will be allowed off the bus. If parent/provider is not at the bus stop, the child will be brought back to the center and it will be the responsibility of the parent/provider to pick-up the child from school. With the education staff's assistance, attempts will be made to locate the parent to pick-up the child. As a last resort, the local Child Protection Agency will be contacted and the child will be placed in their custody.
4. Children will be picked up and delivered to their regular bus stop. **If, due to an emergency, a child needs to be picked up or dropped at a different location this will only be done with written permission from the parent or legal guardian.** If written permission is not received prior to pick-up or take home, your child will be delivered or picked up at their regular bus stop! Please do not ask to have your child picked up or delivered to another location unless it is a necessity. **Parents/providers need to be available at the designated bus stop to receive their child 10 minutes before the scheduled drop off time and until the bus arrives. Routes vary and we cannot guarantee an exact time your child will arrive at their stop. If it becomes apparent that the bus is going to be at the expected stop more than 10 minutes early or late, the Bus Monitor will notify the center staff.**
5. Parents are welcomed and encouraged to ride the bus. If a sibling is brought on the bus and requires the use of a child safety seat, it will be the responsibility of the parent to provide that seat.
6. Food and toys are not to be sent to school on the bus.
7. As an enrolled Head Start parent, I have read and discussed the above items with a Head Start staff person. I agree with and understand the conditions of the Bus Policy.

Staff Signature \_\_\_\_\_ Parent \_\_\_\_\_  
 (Policy to be reviewed at Open House)

**Alternate people who can be contacted as indicated below:  
 (Parent's need to date and initial all changes and additions made  
 after the original date this form was signed.)**

Name, Street Address and Phone Numbers	Emergency Contact	Drop Site	Pick Up	Child Care Provider
<u>Date</u>				
<u>Date</u>				
<u>Date</u>				
<u>Date</u>				
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**Gente alternante que pueden comunicar según indica abajo:  
 (Padres necesitan poner fecha e iniciales en los cambios y adiciones  
 después de la fecha original en que la forma se firmo.)**

Nombre, Domicilio, Numero del Telefono	Contacto de Emergencia	Sitio de dejar	Levantar	Providora de Cuidado Del niño
<u>Fecha</u>				
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