



ARCHANGEL GABRIEL  
CATHOLIC SCHOOL

**2021-2022 Emergency Plan Form**

Dear Parents,

This letter is concerning the unexpected emergency dismissal plan for Archangel Gabriel Catholic School. In the event of an unexpected emergency dismissal it is **extremely important** that the school knows just how your child is to go home. We need to know two main phone numbers of contact and if your child will be a bus rider or a car rider. Please make sure to review this information with your child also.

When an unexpected dismissal occurs you will receive a call from the phone calling system OptionC. In an important effort to make the best and most accurate use of the OptionC Instant Parent contact system, we are asking that you submit to us two main phone numbers of contact that you will answer. The Primary contact number will be used to call you every time we send a OptionC call, regardless of the urgency of the message. The Secondary Contact number will be called at the same time as the Primary number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible. OptionC will inform you of all necessary information pertaining to the dismissal. At that time your dismissal plan will go into effect. **Do not call** the school office with any questions or changes as we need to keep the school phone lines open for the necessary emergency needs. Even if you sent in a note that day with different dismissal arrangements those are **voided** and **ONLY** the emergency dismissal plan is in effect.

Please see the form below. We need to know your family name, if you are a bus rider or a car rider along with two main phone numbers of contact in the event of an unexpected dismissal. If you cannot decide at this time your child will automatically be a car rider. If this form is not returned to the school your information will not be included with the OptionC system therefore, leaving us unable to contact you with any information. This service will also be used for school and event cancellations along with two hour delays.

We thank you for your cooperation in this matter. If we all work together as a team we will have a safe and effective emergency dismissal plan.

Thank you,  
The School Office

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**The primary phone number will be used for our automated system that alerts families of messages, the secondary number will be added for emergency contact alerts.**

\_\_\_\_\_  
Family Name (Please Print)

\_\_\_\_\_  
Car or Bus Rider

Primary Contact Number:

Secondary Contact Number:

\_\_\_\_\_

\_\_\_\_\_

## Archangel Gabriel Catholic School Emergency Information and Emergency

**Plan Form** Family Last Name: \_\_\_\_\_

First Names of Children and Grade for 2021-2022: \_\_\_\_\_

\_\_\_\_\_

School District: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Do any of your children have a Medical Condition? YES \_\_\_\_\_ NO \_\_\_\_\_

Write child(ren) name(s) next to the condition: Severe Allergy (that requires medication) \_\_\_\_\_

Asthma \_\_\_\_\_ ADD \_\_\_\_\_

Seizures \_\_\_\_\_ Behavioral/Emotional \_\_\_\_\_

Other \_\_\_\_\_

Medications: \_\_\_\_\_

AS THE CARE AND TREATMENT OF ANY CHILD IS PRIMARILY THE RESPONSIBILITY OF THE PARENT, EVERY EFFORT WILL BE MADE TO CONTACT YOU FIRST. PLEASE LIST 2 EMERGENCY CONTACTS WHO MAY PICK UP YOUR CHILD(REN) DURING SCHOOL HOURS.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

TO WHOM IT MAY CONCERN: If neither of the parents or guardians can be contacted in the case of a serious injury or illness, I hereby authorize representatives of Archangel Gabriel Catholic School to act as an agent to secure emergency transportation for (write all children's names) \_\_\_\_\_  
\_\_\_\_\_, a minor child or minor children, for whom I am responsible. I hereby agree to hold Archangel Gabriel Catholic School and its representatives harmless for exercising judgment in authorizing transportation of my child.

**Parent Signature:** \_\_\_\_\_

It is extremely important that all requested information on this form be kept up to date for your child's welfare. Please notify the school office of any changes to the above information.

Family Email Address: \_\_\_\_\_

**NOTE:** Student Name, address, phone number and email address will be placed in a school directory which will be given to all families. If you do not wish to have this information listed please indicate below.

I do not wish to have the contact information listed in the directory.