

ISU Child Care Center

Evacuation in an Emergency Transportation Waiver

Date _____

I, legal parent/guardian, give permission for my child, _____, to be transported from Illinois State University campus if deemed necessary in the event of an emergency requiring evacuation. I understand the type of evacuation transportation to be used will be the quickest means possible. This may include, but is not limited to: child care staff driven private vehicles, city bus, ISU University vehicle or public emergency service transportation, (i.e. police or fire department.) I understand the evacuation location will be shared privately with parents so that evacuation location is not publicly announced. **So I can be notified promptly of evacuation location for child pick-up, below is a cell phone to be contacted.** (Up to 2 numbers only.)

Parent 1 _____ Phone (____) _____

Parent 2 _____ Phone (____) _____

Parent Signature _____

Print name here _____

**Please return this form to the Director on your child's first day of enrollment.
Thank you!**