

Emergency Plan

If the student is required to leave the program for any reason, including but not limited to the reasons below, I agree to make arrangements for immediate pick up:

* Facility closing
* Sick
* Injury
* Disciplinary, personal, lack of progress, medical or behavioral

Primary Contact Name and Number:

Secondary Contact Name and Number:

Additional Contacts and their numbers:

I have read and understood the removal responsibility. I agree to work with LH Education and other relevant parties to keep an appropriate emergency call list in place. I understand that this is for emergency purposes and designed to keep my child safe. If a plan is not in place, my child cannot return back to class until an appropriate plan is back in place.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date