

EMERGENCY WEATHER RELEASE FORM

Child's Name: _____

During a weather emergency, we rely on parents to assist in the safe evacuation of children from our facility. In the event of a weather emergency, decisions regarding site closings will be made by the President of Nova Southeastern University.

Information regarding school closings will be available via:

- **Radio** – WAXY (FM 106.7), Y100 (FM 100.3), WIOD (AM 610) or WFTL (AM 1400)
- **Television** – please check your local television stations
- **Website** – www.nova.edu
- **Telephone** – (954) 262-6918 or (954) 262-7300

In the event of a weather emergency, please indicate how your child will be picked up from our facility.

_____ 1. I will come immediately to school to pick up my child as soon as Mailman Segal Center's school closings are announced.

_____ 2. I give my child permission to ride home with any of the following people:

Parent's Signature: _____ Date: _____

In the event of an unexpected emergency we will need to contact parents swiftly. Please provide one (1) primary telephone number to use to expedite this process. Other emergency contact numbers will be recorded and maintained in your child's permanent record file.

Emergency Telephone Number: _____

This Primary Number Will Connect With: _____

Primary email address: _____