

Indiana Area School District  
Indiana Junior High School

To: Parents of Students Using Elevator  
Copy to: Dr. Allen and Mrs. Pearce  
From: Dr. Earman and Mr. Minnick  
Subject: Emergency Evacuation

Recently your family requested the use of the elevator at the Junior High. If your child is on crutches and mobility is restricted, we are planning ahead in the event of an evacuation exercise.

Should the Junior High be required to evacuate the building and move to one of our alternate sites, we are requesting your permission to transport your child in a vehicle operated by one of our staff members. We feel this is the safest course of action based on possible emergency conditions. Please indicate below your response to this request.

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Return the day following receipt of the elevator key  
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Indiana Area School  
Indiana Junior High School

Emergency Evacuation Transportation Request

\_\_\_\_ I hereby authorize the school personnel to transport my child by car or bus to the alternate site as designated by the school district.

\_\_\_\_ I do not give permission for my child to be transported in any way that differs from the rest of the student body.

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

Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_