

NORTH STAR ACADEMY  
1816 BRYAN STATION ROAD  
LEXINGTON, KY 40505  
859-294-4349

**North Star Academy Evacuation Plan and Permission Slip**

This evacuation plan is to communicate with our parents a relocation plan to reunite all parents/guardians with their child/children in the event of a natural disaster. This plan is organized to provide safety for our children and staff. If a disaster occurs at our facility North Star Academy's Director, Assistant Director, Book Keeper and Staff Members will relocate your child or children to North Side Branch Library located at 1733 Russell Cave Road, Lexington KY 40505. This Location will be between the hours of 9:30-a.m. and 9:00 p.m. In the event that there is a natural disaster before 9:30 a.m., North Star Academy will transport your child/children to McDonald's located at 1114 New Circle Road, Lexington KY 40505-4137.

By signing this permission form you have recognized and have full knowledge of our plan to relocate your child/children. It is important for you to keep us inform of any new contact numbers in case of a disaster.

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

\_\_\_\_\_  
Date

**North Star Academy  
Emergency/Disaster Plan  
Contact Information**

**Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_

**Current Home Address:** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

**Emergency Contact Numbers:**

1. **Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_