

Dear Parents,

***Emergency Kit required for each student.**

Before school starts you will need to create your child's emergency packet that we keep on hand in case our students must remain at school for a prolonged period of time. Each classroom has an emergency backpack that contains these individual supply kits for each student, as well as general emergency supplies for the class as a whole (first aid supplies, flashlight, etc.). Each time we have an emergency drill, this pack is taken outside with the class.

Please send the following items to your child's teacher on the first day of school. You will need to send all of the items on the list sealed inside a large Ziploc bag.

- Completed emergency information cards with family picture (cut out this form below)
- 2 individual-size sealed bags of jerky or beef sticks
- 5 individually wrapped hand wipes
- 2 granola bars or similar snack
- 4 candy suckers
- 1—packaged, small space blanket (approx. 53"x82"—in the

Please be sure to attach a photo to the form below. This photo will help when releasing your child to you after an emergency if he/she is with a staff member who does not know your family.

Please Note: We must have an emergency kit for **every** child. Don't assume that supplies sent by others will support your child. And please limit the items you send to only the items / quantities listed above.

We hope these emergency packs will never be needed, and that having them at the ready will give you some peace of mind knowing that we are prepared to care for your child in the event of an emergency.



EMERGENCY BACKPACK INFORMATION SHEET

Child's full given name: _____

Parents' full names:

Father: _____ **Cell Phone:** _____
 _____ **Work Phone:** _____
 _____ **Home Phone:** _____

Mother: _____ **Cell Phone:** _____
 _____ **Work Phone:** _____
 _____ **Home Phone:** _____

Emergency contact:

Name: _____ **Cell Phone:** _____
 _____ **Work Phone:** _____
 _____ **Home Phone:** _____

Child's physician: _____ **Phone:** _____
Physician's address: _____

Hospital for emergency events:

Name: _____
Address: _____
Phone: _____

Insurance for child:

Provider: _____ **Plan#** _____
Subscriber Name: _____ **ID#** _____

Please attach a recent family photo of parent(s) and child to the back of this card for the purpose of identification and release.