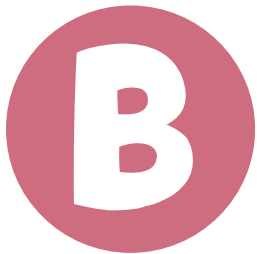


EASY AS ABC

THREE STEPS TO PROTECT YOUR CHILD DURING EMERGENCIES IN THE SCHOOL DAY



ASK how you would be reunited with your child in an emergency or evacuation



BRING extra medicines, special food, or supplies your child would need if you were separated overnight



COMPLETE a backpack card and tuck one in your child's backpack and your wallet



ASK how you would be reunited with your child in an emergency or evacuation

How would you find your child if an emergency happened during the school day?

If students had to evacuate, where should parents/guardians go for pick up?

How would the school notify you in the event of emergency?





BRING extra medicines, special food, or supplies your child would need if you were separated overnight

An emergency might require a sudden sleepover. Tell school administrators about any extra supplies your child may need to safely make it through a night away from home.

What essential supplies would your child need if separated from you overnight?
(Medicines, special foods, breast milk or formula, diapers, battery pack or charger?)

Does the school have an emergency stockpile of these items? **Yes** **No**

If your child has special medicines, can extras be kept at the school? **Yes** **No**

What is the school policy for how and when medicine can be administered to your child?




COMPLETE a backpack card and tuck one in your child's backpack and your wallet

Emergencies are chaotic! Make sure your child or their school knows how to reach you, and who should be called if your phone isn't working.

Complete an emergency contact card to make sure you and your child know how to get in touch quickly.

Cut Here

Fold Here

BACKPACK EMERGENCY CARD		Parent/Guardian/Caregiver	
Child's Name: _____		Name: _____	E-mail: _____
Date of Birth: _____		Cell Phone: _____	Alternate Phone: _____
Home Phone: _____	Cell Phone: _____	Text Okay: Yes No	Employer: _____
School Name: _____		Name: _____	E-mail: _____
School Phone Number: _____		Cell Phone: _____	Alternate Phone: _____
Special needs, medical conditions, allergies, important information: _____ _____ _____		Text Okay: Yes No	Employer: _____
DIAL 911 FOR EMERGENCIES		Out of Town Contact	
		Name: _____	E-mail: _____
		Cell Phone: _____	Alternate Phone: _____
		DIAL 911 FOR EMERGENCIES	