

Dear Bright Start Parents,

Living in Santa Barbara, we have the ocean, the mountains and the sun. Unfortunately, we also have fires, floods and earthquakes. To ensure that we are prepared in the unfortunate event of a natural disaster or emergency while here at school, please supply the following Emergency Kit for your child. Each child's kit will be kept with the school's emergency supplies.

INDIVIDUAL EMERGENCY KIT

- A large Ziploc bag with your child's name written in permanent ink on outside
- Food (non-perishable)
 - 3 small containers of protein that your child will eat (ie. tuna)
 - 3 fruit rolls or unopened dried fruit
 - A package of your child's favorite crackers, 2 granola bars or trail mix*Avoid excessively sweet or salty foods. All containers need to have pull tops.*
- 16 oz Bottled Water in 2 – 4 bottles
- A large trash bag or space blanket (*available at sporting goods stores*)
- Sweatshirt or light jacket
- A complete change of warm-weather clothing
- 6 diapers/pull-ups and one small pack of wipes or a pair of underwear if your child is fully toilet trained.
- A family picture and a note to your child
 - Note should tell your child to remain calm and to listen to the teachers. Let them know you love them and will see them as soon as possible.
- A small comfort item or toy
- One small pack of Kleenex
- Any necessary medications. If your child is asthmatic or has a special medical condition, include full instructions on administering those medications.
- Fill out the attached emergency contact information

Please pack all of the above items securely in the Ziploc bag, with the attached emergency card.

Also, please keep your child's emergency card up to date. Earthquake kits will need to be updated annually. Let's hope that we never have to use them.

Thank you for your cooperation.

CHILD'S EMERGENCY CONTACT INFORMATION

Child's Name: _____

Home Address: _____

Home Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell #: _____ Father's Cell #: _____

Mother's Work #: _____ Father's Work #: _____

Allergies (specify): _____

Medical Problems: _____

In the event of an emergency, please release my child to any of the people listed below.

Name: _____ Relationship: _____

Phone #: _____ Phone # (alternate): _____

Name: _____ Relationship: _____

Phone #: _____ Phone # (alternate): _____

Name: _____ Relationship: _____

Phone #: _____ Phone # (alternate): _____

Out of State Contact

Name: _____ Relationship: _____

Phone #: _____ Phone # (alternate): _____

Parent Signature: _____ Date: _____