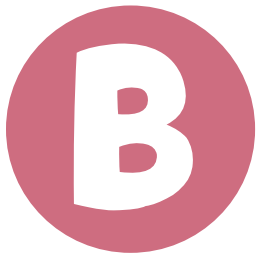


# EASY AS ABC

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

<b>BACKPACK EMERGENCY CARD</b>		<b>Parent/Guardian/Caregiver</b>	
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: _____
		<b>Out of Town Contact</b>	
<b>DIAL 911 FOR EMERGENCIES</b>		Name: _____	E-mail: _____
		Cell Phone: _____	Alternate Phone: _____
		<b>DIAL 911 FOR EMERGENCIES</b>	