

# EMERGENCY FOOD PACKETS

*Please read carefully the instructions below in order to assemble your child's EMERGENCY FOOD PACKET. This packet is due at school on Fall Processing Day.*

**EMERGENCY FOOD PACKET** that will sustain each child for 36 hours (3-4 meals) is required.

- This packet **MUST** contain:
- Solar Blanket (available in sporting good stores)**
  - Plastic Spoon**
  - Food for 3-4 meals (requiring no refrigeration or cooking)**
  - Completed form from bottom of this letter**
  - Medication your child takes regularly (with Drs. prescription attached)**

**PACKAGE ONLY IN:**      **A 1-gallon sized ziplock bag or factory prepackaged kit.** (We have limited storage space)

Remember that the food will not be heated and must be opened without a can opener. Suggested food items include: small cans of tuna, granola bars, dried fruit, jerky, etc. No beverage is necessary because water is stored on campus. The solar blanket may be purchased at local sporting goods stores for approximately \$5. A travel size game and a personal note to your child would also be nice. These packets are returned at the end of each year. Thank you for your co-operation in helping to provide for the safety of your child.

**PLEASE COMPLETE THE FORM BELOW AND INSERT IT INTO THE PACKET SO THE INFORMATION IS CLEARLY VISIBLE FROM THE OUTSIDE OF THE PACKET.**



### Please Fill All Lines Below

**Child's Name** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**Child's Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name and Phone # of relative outside California:** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

*In case of a disaster, I give my permission for emergency medical treatment for my child.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

My child is in need of medication within a 24 hour period.    YES \_\_\_\_\_    NO \_\_\_\_\_  
If yes, include medication in emergency packet and include information (dosage, etc.) on the following lines  
(Enter N/A if not applicable) \_\_\_\_\_  
\_\_\_\_\_

My child is allergic to the following medication (Enter N/A if not applicable) \_\_\_\_\_  
\_\_\_\_\_

#### FOR OFFICE USE ONLY

Condition of the child on release (at time of emergency) \_\_\_\_\_  
\_\_\_\_\_

Signature of adult picking up child \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_