

EMERGENCY KIT

The possibility of a large earthquake or another disaster in Washington makes it wise to be prepared. In an effort to ensure emergency preparedness for every child at Cypress Adventist School, we are asking all parents to provide a personal emergency kit for each child upon enrollment.

If an earthquake or other major disaster were to occur during the school day, the possibility exists that your child(ren) would need to remain at school for up to 72 hours. We request, for each of your children, you provide selected items from the list below in a container no larger than a gallon-sized Ziplock bag. Please clearly mark your child's name on the outside. This personal survival kit will be stored on the school campus.

Parents must provide an appropriate emergency kit including the following or comparable items on the first day of school. If the student does not bring an emergency kit to school within the first two weeks, one will be provided at a cost of \$20.

- 1 Space blanket (Resembles foil. Available at Fred Meyer, Big 5 Sporting Goods, and Rite Aid)
- 1 Small flashlight with fresh batteries
- 2 Large trash bags
- Individually wrapped moist towelettes
- Bottled water or juice boxes
- 3 high-calorie, non-perishable food items**
 - Fruit Cups or apple sauce cups
 - Raisins or dried fruit
 - > Fruit rolls
 - Granola or energy bars
 - Peanut butter or cheese and cracker-type snack packages
 - > Trail mix
 - Nuts
- A family photo
- Love notes from family
- Local emergency phone numbers for family and/or friends
- Name and phone number of an out-of-state emergency contact

It is wise to check expiration dates on all food items for the longest shelf life. At the end of the school year, the emergency kit will be returned to you to refresh for the following year.

Do one or more students in your household require prescription medication he or she might need in an emergency? If not already provided to the student's teacher, please provide an appropriate amount of medication in its original container and provide a signed Medication Authorization.

Names of student/s	(only one parent agree	nly one parent agreement is required per family)		
Parent Name (Please Print)		Parent Cell Phone Number	Date Received	

^{**}All items must be shelf-stable and fit inside a gallon Ziplock bag.