

Emergency Preparedness: Student Kits

In the event of an emergency, such as an earthquake, your child may be required to spend upwards of 72 hours at school, until you are able to collect them. The ENO PAC has worked hard to organize and supply the Earthquake Kiosk at the front of the school with basic survival necessities to sustain students and staff for 72 hours. This includes SOS ration bars, foil blankets, tarps and first aid supplies. At the beginning of every school year, the PAC also collects and stores parent-supplied kits in the kiosk, which would be handed out to students in the case of emergency. It is highly recommended that you organize a kit for your child and send it to school in a timely manner. The intention of the Student Emergency Kits is to provide quickly and easily for immediate needs of un-injured students, while staff and first responders execute their response plans. Kits can also include personal touches that provide emotional comfort.

Student Emergency Kit items should include the following:

- Non-perishable food items that taste good (eg: nut-free granola bar, fruit bars, hard candies)
- Bottle of water
- Foil emergency blanket
- Toque and mittens
- Hand-warmers
- Flashlight with extra batteries
- Small packet of wet wipes
- Small bottle of hand sanitizer
- Required medication with instructions
- Family photo and/or a personal note to provide comfort
- Small items such as a toy, pad of papers and crayons, deck of cards that would provide comfort and distraction

We have limited storage space -all items must fit in a large Ziploc type bag (26.8 cm x 27.3cm).

Please have Ziploc bag clearly labelled in Permanent Ink with the child's first and last name, classroom teacher, grade and division. Please ensure all items have expiry dates beyond June of the current school year. The kits will be returned to your child in June for you to check expiry dates and bring back the following year.

Please place this completed form inside your child's kit.

Student Name: _____ Teacher: _____ Division: _____

Medical Care Card Number: _____

Doctor's Name: _____ Doctor's Phone Number: _____

In the event of an emergency, please call:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

In case local phone lines are out of service:

Out of Province Emergency Contact: _____ Out of Province Number: _____