



LAUNCH Preschool & Programs

4000 West 227th Street ♦ Torrance, CA 90505
Phone 310-972-6500 x2550 ♦ fax 310-381-1330
Launch.tusd.org

Emergency Preparedness

Dear Parent/Guardian:

To be prepared for an emergency, we are asking that your child bring the following items in one Zip-Lock bag:

- \$5.00 Donation to LAUNCH PTA towards snacks, juices/water, and other necessities for the classroom emergency bin.
- 1 – Sweatshirt or Windbreaker
- Any Medicine (prescription and over-the-counter). If your child is prescribed any medication, contact LAUNCH Health Personnel for direction.
- Optional ~ 2-3 diapers or Pull-Ups if your child uses either item.
- If you wish, you may also include a small *note of encouragement* and a *photo* of your family for your child

Please place the completed Emergency/Disaster Information form (see other side) inside the bag. This bag will remain in your child's classroom in case of an extended emergency. Each child you have attending LAUNCH needs his/her own bag of supplies.

In the event of a lockdown or campus emergency, we will make every effort to communicate with families. The LAUNCH-Parent email distribution list (Go Green form) will be utilized for potential updates and announcements.

Should you have any questions regarding this request, please see someone in the office.

Thank you!



Achieving Excellence in Early Childhood Education



EMERGENCY / DISASTER INFORMATION

Student Name: _____ Room: _____ Grade Pre K

Address: _____

Home Phone: _____

Father's Name: _____ Cell Phone: (____) _____

Work Address: _____ Work Phone: (____) _____

Mother's Name: _____ Cell Phone: (____) _____

Work Address: _____ Work Phone: (____) _____

In an emergency or major disaster ** (Should be the same persons as listed on your child's green emergency cards)

Name: _____ Phone: (____) _____

Address: _____

Name: _____ Phone: (____) _____

Address: _____

Name: _____ Phone: (____) _____

Address: _____

Name: _____ Phone: (____) _____

Address: _____

My son / daughter needs to take the following medication(s):

Medication: _____ Dosage: _____ How often: _____

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Medication: _____ Dosage: _____ How often: _____

List any allergies to medicine or food: _____

Doctor: _____ Phone: (____) _____

Address: _____

Family out-of-state telephone contact in an emergency (outside California)

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____

STUDENT RELEASED TO: _____

Date: _____ Time: _____ (am / pm)

Destination: _____