



## LAUNCH Preschool & Programs

4000 West 227<sup>th</sup> 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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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: \_\_\_\_\_