

EMERGENCY INFORMATION

As you are well aware, Southern California living brings many advantages to our families as well as a few disadvantages such as earthquakes and fires. It is very possible that there could be a major emergency during the hours your child is under our care at the Children's Center.

We are dedicated to providing the best physical and emotional care possible during the time your child may need to remain at school following an emergency. The center has emergency water, food, blankets and first aid for all the children. In addition we need you to provide the following:

1. A family picture (you may want to do a paper copy as they are not returned)
2. A reassuring note from you to your child
3. Any medications your child must take daily in its original container with clear dosage instructions

****Please place the above 3 items in a large zip lock bag and return to school within 7 days. ****

4. Always keep a complete change of clothes including underwear and socks in your child's extra clothes box kept in the classroom.
5. Complete the Major Emergency Earthquake Release Form. This form is different from the emergency form used for daily information and you may have different people on this form.

Also, please keep the information on the Identification and Emergency Information form updated. Remember to put new phone numbers (work, home and cell), addresses, and emergency pick up persons in writing so the office will be assured of up-to-date information at all times.

For your records, in case an emergency requires an evacuation of the Children's Center, our emergency plan lists Sherman Oaks Elementary School at 14755 Greenleaf Street 91403 and/or Sherman Oaks Presbyterian Nursery School at 4445 Noble Street, 91403 as our relocation sites.

Thank you for your help.

Sherman Oaks Lutheran Children's Center
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Sherman Oaks, CA 91403
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lutheranchildrencenter.org

SHERMAN OAKS LUTHERAN CHILDREN'S CENTER
EARTHQUAKE STUDENT RELEASE INFORMATION

CHILD'S NAME _____ BIRTHDATE _____

HOME ADDRESS _____

NAME OF PARENT(S) CHILD RESIDES WITH _____

PHONE: HOME () _____

MOTHER'S WORK () _____ CELL # _____

FATHER'S WORK () _____ CELL# _____

PHYSICIAN NAME _____ PHONE () _____

LIST ALL ALLERGIES OF THE CHILD

LIST SPECIAL MEDICAL CONDITIONS

LIST PEOPLE YOU AUTHORIZE TO PICK UP YOUR CHILD IN AN EMERGENCY:

NAME	PHONE	RELATIONSHIP TO CHILD
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1. _____ () _____

2. _____ () _____

3. _____ () _____

4. _____ () _____

OUT OF STATE CONTACT NUMBER

NAME _____ PHONE () _____

PARENT'S SIGNATURE _____ **DATE** _____

*****OFFICE USE ONLY BELOW THIS LINE*****

CHILD STATUS 1 2 3 4 5 6

CHILD WAS RELEASED TO: _____

DATE _____ TIME _____ DESTINATION _____

SIGNATURE OF PERSON TAKING CHILD _____

SIGNATURE OF SCHOOL OFFICIAL _____