



## Comfort/Earthquake Kit

Thinking about things such as natural disasters or crisis can be frightening but it helps everyone feel more secure knowing that we are well prepared and equipped to care for and protect your child if you are unable to get to him or her right away. As always, our first priority is your child's safety and emotional well-being.

As part of our state's licensing requirements, each family must provide their child with a Comfort/Earthquake kit to be stored at Learning Springs with our center's disaster supplies. The purpose of a comfort kit is to keep your child comfortable and reassured in the event of an unexpected occurrence such as an earthquake, storm, power outage, crisis or other emergency.

For your convenience, we do have a small number of pre-packaged kits available for you to purchase. You just add the family photo and letter. The cost is \$15 per kit.

Our limited storage space means we can accept only ONE gallon sized zip-loc bag per child. **Please label this clearly with your child's name and the date you provided the kit.**

Items with an asterisk\* are suggested as necessary by emergency management organizers. All other items are optional. We recommend that you include as many optional items as possible.

### **Mandatory:**

- \* 1 Mylar emergency blanket
- \* 1 black plastic leaf/lawn trash bag
- \* 1 chemical snap light or small flashlight w/batteries
- \* A family photo and letter of comfort from parents
- \* An out of state contact number
- \* Anti-bacterial hand wipes/sanitizer
- \* Tissues
- \* If your child is in pull ups - 10 diapers/1 packet of wipes
- \* The completed information sheet.
- \* If your child takes medication regularly or has an epi-pen, include a 3-day supply with a medication permission form.

### **Optional items**

- 1 small comfort toy or possession
- 1 plastic spoon
- 1 pack of jerky and/or canned meat product w/flip-top lid
- 1 individual size cheese and crackers
- 1 individual size cereal product
- 1 fruit snack (raisins, applesauce, etc.)

Let us know if you have any questions or concerns. We appreciate your help in making sure we are well prepared for any emergencies.

**Please place this form in your child's Comfort Kit.**

Student Name		
Parent Name	Home Phone	
Parent Name	Work Phone(s)	
Address	Work Phone(s)	
City	State	Zip Code

<b>Emergency name and phone number information:</b>	
Local Contact: _____ Address: _____ City: _____ Zip: _____ Area Code: _____ Phone: _____ _____	Out-of-state contact: _____ _____ Address: _____ City: _____ State: _____ Zip: _____ Area Code: _____ Phone: _____ _____
Persons authorized to pick up student in emergency:	
Allergies:	Other important medical information:
Does child take regular medication? <b>Yes / No</b> If "yes" please list medication, dosage and attach medication permission slip.	List of Medications

Date Comfort Kit was submitted: \_\_\_\_\_

\_\_\_\_\_  
Parent Printed Name/ Signature