Copy on bright paper and distribute with Beginning of Year School information

In the event of an actual emergency, your child may be with us for some time. We would like to be able to provide your child with all the necessary supplies. This year, the E.mergency R.esponse ki+TM will be purchased from S. G. E. Inc. These kits have a 5year shelf life and are specially developed for high stress situations. They include food rations, water, an emergency blanket and a light stick. The kits will be stored in a tote bag in your child's classroom and will be readily accessible during those emergency situations. At the end of the year, the kit will be returned to you and can be reused until the expiration date. If you are purchasing the kit for the first time, the kit will be sent directly to the school. If you are re-using the E. R. Kit, please update the Emergency Information below, fold it along the solid line and insert the form in the outside plastic pouch with the EMERGENCY INFORMATION facing up. The kit needs to be returned to your child's teacher. You may use the back of this form for a comfort note or even enclose a small family photo.

| I already have a kit. This is the updated a emergency form. | nd completed |
|---|--------------|
| I would like to purchase an E. R. Ki+ | \$ |
| Shipping | <u>\$</u> |
| | \$ |
| Make checks payable to: | |
| | |

The E.mergency R.esponse Ki+™ distributed by SGE Distribution Inc.
9402 S. Gilbert St. Anaheim, CA 92804 USA
T: (714) 780-1730, (866) 427-4SGE, F: (714) 780-1733
www.er-kit.com

EMERGENCY INFORMATION (Please Print)

| Student Name: | | | |
|----------------------------|--------------|-----------------------|--|
| Student number: | Grade: | Teacher | |
| Parent or Guardian | | | |
| Home Address | | | |
| Moms' Home # | Dad | 's Home # | |
| Mom's Work # | Mom's Cell # | | |
| Dad's Work # | Dao | d's Cell # | |
| Special Needs of Studen | t: | | |
| | | | |
| | | | |
| PERSONS AUTHORIZ | ED TO TAKE | YOUR CHILD FROM SCHOO | |
| Name | | Tel: | |
| OU | JT OF STATE | CONTACT | |
| Name | | Tel: | |
| Name | | Tel: | |
| | | | |
| | | | |
| ****Parent or Guardian Sig | nature | Date | |