

LAU,WELNEW EARTHQUAKE PREPAREDNESS PLAN

DATE: _____

Dear Parents/Guardians:

As your probably aware, earthquake experts have warned us that a major earthquake is inevitable in our area. In the event of such an earthquake while the school is in session, we shall utilize the following procedures:

The school will make every effort to protect and provide care for each student. Students will be evacuated from the building and escorted to designated areas on the field. If the principal/coordinator deems a portion of the building to be structurally safe at the time, students may be permitted to reenter that area.

No elementary school student will be dismissed unless a parent or guardian or other designated adult on our registration form comes to the school for the child.

Please keep us informed of any changes in your emergency information.

In the event of a major earthquake our staff will care for the students to the best of their ability, for up to 24 hours. However, we seek your cooperation in the following areas:

Please **do not** phone the school; our phone lines must be kept open for emergency situations (i.e. . . . , to call doctors, ambulances, hospitals, etc.)

Have a battery operated radio tuned into Victoria station (i.e. Q100.2 or CFX 1070) in order to secure information and direction regarding school and other matters relating to the earthquake.

Please fill in the attached sheets they are very **IMPORTANT**.

Thank you for your cooperation. If you have any questions or concerns please phone 250 652 1811 (Ext. 230) (School)

Yours sincerely,

LAU,WELNEW TRIBAL SCHOOL SAFETY COMMITTEE

LAU, WELNEW EARTHQUAKE PREPAREDNESS PLAN

DATE: _____

Dear Parents & Guardians:

As part of our Earthquake Preparations, we have a backpack in each classroom with supplies for each class. We need your assistance in this matter. Please send by this September 6, 2019 one nutritious granola or sports bar to go in the class backpack as an immediate emergency food source for your child. There will be other food at the school, but it will require some preparation time, we sincerely thank you for your support in securing your child's safety.

Thank you

SAFETY COMMITTEE

Please sign and return to acknowledge receipt of this notice.

Thank you

Parent's Signature: _____

LAU, WELNEW EARTHQUAKE PREPAREDNESS PLAN

Emergency Plan – Medication

Consent for Student Release

STUDENT NAME: _____

If your child requires medication or has a medical condition that would require special attention, please provide details below. It would be necessary for the school to have a 48 hour supply of any essential medication.

Name of Medication/Dosage:

Daily Dosage:

Shelf life of Medication (Pharmacist knows)

Signature of Parent

Date