

San Diego City Schools  
**Oliver Wendell Holmes**  
*"Soaring to Excellence at Holmes Elementary School"*

**September, 2008**

**EMERGENCY COMFORT BAG**

**The Holmes PTA has designed this program** to supplement and expand Holmes' current supply of emergency equipment. Read all the information carefully and follow the easy steps listed.

**The PTA is asking parents to supply an Emergency Comfort Bag for each of their children** attending Holmes. The items to be placed in the bag are listed on the back of this letter. **DO NOT** pack snacks that will become stale after a few months, the snacks should be edible for the remainder of this school year. Also, **DO NOT** pack flimsy boxed fruit drinks. They squish too easily and make a mess of your child's comfort bag. These filled zip lock bags will be stored in large trash bins at accessible areas throughout the school. At the end of the school year, if not needed, each child's comfort bag will be returned to take home.

**For your child's safety** we must have the name of the person or persons we may release your child(ren) to if you are not able to come to the school to pick up your child. Children will only be released from a main check out station to designated persons. All gates will be secure. We have enclosed a simple form for you to fill out, in order to ease the way for your child and the person taking care of your child. Please take extra time to fill it out completely, this information is vital if an emergency does occur.

**Also, make sure you include an emergency contact phone number**, preferably of someone out of town. This will help in locating your child if all of the local phone lines are out. If you do not have a friend or relative out of town who can be called, please list a number other than your home or work phone where your child can check in.

**Please list any medication your child is taking**, the proper dosage, and any allergies to food or medication your child may have. It would also help if you would make a note of anything you feel would help your child's caregiver during a time of emergency. All information will be kept confidential and returned to you at the end of the school year with your child's comfort bag.

**Of course, all of us hope your child never has to use this comfort bag**, but if there is a state of emergency it would help us immensely in helping your child.

If you have any questions, please feel free to contact us at the school (858) 496-8110.

Sincerely,

Jean Brown  
Principal

Health and Safety Chairperson

## Oliver Wendell Holmes Elementary School

### ITEMS TO PUT IN THE COMFORT BAG:

\_\_\_\_\_ The attached emergency information form should be filled out completely and folded with the information on the inside. Your child's name and room number should be written on the outside of the form. **We will use this to identify your child's comfort bag.**

- \_\_\_\_\_ **3**      **Non-perishable nutritious snacks**, i.e. granola bars, beef jerky, nuts, etc. Check the date on all the items you put in the bag. The "must be sold by" date should be later than June of next year.
- \_\_\_\_\_ **3**      **(6 oz.) Canned fruit drinks** such as apple juice, pineapple juice, etc. (Reminder, boxed and squeezable drinks crush and spill when placed in the emergency containers.)
- \_\_\_\_\_ **1**      **Small container of water (optional, the PTA purchased water for all students)**
- \_\_\_\_\_ **2**      **Packages small Kleenex**
- \_\_\_\_\_ **3**      **32 gallon or larger trash bags**
- \_\_\_\_\_ **1**      **Visor or hat** (Even a small amount of time in the sun without protection can be hazardous.)
- \_\_\_\_\_      (Optional) **A note or letter of assurance from you to your child**

### OPTIONAL ITEMS - DEPENDING ON YOUR CHILD'S AGE:

- Deck of cards
- Small notepad
- Pen or sharpened pencil
- Small inexpensive pocket game
- A clean pair of underwear (Kindergarten and 1st grade especially)

If you are able, please send an extra Comfort Bag for those children who are unable to supply one. Make sure the comfort bag is sealed completely before returning it to school with your child.

HOLMES ELEMENTARY DISASTER EMERGENCY INFORMATION

TEACHER'S NAME \_\_\_\_\_ ROOM # \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

LIST ALL ALLERGIES AND/OR IMPORTANT MEDICAL INFORMATION/MEDICATIONS:

\_\_\_\_\_  
\_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_ PHONE # \_\_\_\_\_

OTHER SIBLINGS ATTENDING HOLMES:

NAME \_\_\_\_\_ ROOM # \_\_\_\_\_

NAME \_\_\_\_\_ ROOM # \_\_\_\_\_

NAME \_\_\_\_\_ ROOM # \_\_\_\_\_

PARENT/GUARDIAN INFORMATION:

MOTHER \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

FATHER \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

GUARDIAN \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

PLEASE MARK AN [X] FOR ONE OF THE FOLLOWING CHOICES:

[ ] In case of a disaster I authorize the following people only to pick up my child:

\_\_\_\_\_

[ ] IN CASE OF A DISASTER I AUTHORIZE THAT MY CHILD BE RELEASED TO ANYONE HE/SHE FEELS COMFORTABLE WITH. (The school will document the name of the person picking up your child.)

SIGNED BY \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
*\*On the back of this form please write your child a comforting message that he/she may read until you are reunited.*