



## EMERGENCY ID TAG

This tag will be used for identification of and information about your child in the event of a major earthquake/disaster. Fill out the form at the bottom and return *this entire sheet* to your child's homeroom class. The information must be accurate and legible. This tag will be placed in your child's classroom emergency kit and will be updated annually. If changes occur during the school year, please notify the school so that the card can be updated.

In the event of a major disaster, the tag will be placed on the student for identification, for treatment information, and for release records when the student is released to you or to one of your designated alternates.

In the event of a major earthquake/disaster, students will follow their school's evacuation procedures. After evacuation, roll will be called and each student will be given this ID Tag to wear. Students will be supervised at the school site until you or a designated alternate can come to pick up the student. For this reason, it is helpful to know where you are most likely to be during the day. The designated alternate(s) must be someone other than the parent/guardian, and someone who has a good chance of being able to pick up your child. Finally, the alternate(s) must be someone with whom you have discussed this situation and have mutually agreed upon an emergency plan.

*In a disaster, long distance phone lines may function while local lines do not. Therefore, we have asked you to include a telephone contact number **outside the 650/408/510 areas** as a possible way for you and your child to communicate while separated.*

### PLEASE REMEMBER:

1. Print legibly.
2. Write within the lines. The form will be cut out for the ID Tag.
3. Return this entire form to your child's classroom by the first day of school.

Name:		Grade:	Teacher:	
Address:		Phone:		
Parents:	Name	Daytime Location	Daytime Phone	Cell/Alternate Phone
Mother:				
Father:				
Out of area contact (out of 650/408/510 area code)			Phone:	Medical problems/medication needs:
Name:			( )	
Authorize Release To	Name	Phone:		
	1			
	2			
3				
Parent/Guardian Signature:			Date:	