



Our Lady of the Angels

August 2009

Dear Parents or Guardians,

The purpose of this letter is to assure you of our concern for the safety and welfare of all our students at Our Lady of the Angels School. The emergency plan provides for response actions to be taken in all types of emergencies; therefore, several types of protective responses are planned as follows:

| <u>CONDITION</u> | <u>RESPONSE</u> |
|---|---|
| Building Evacuation | Evacuation to a safe area on or off the school grounds in case of fire or other emergencies |
| Delayed Opening Cancellation of Classes Early or Delayed Release of Students | These actions are normally taken in case of severe weather conditions. Cancellation of classes may be necessary in case of disruption of public utility services. |
| In-Place Sheltering | Sudden occurrences such as tornadoes and hazardous material accidents may dictate taking cover in place as the best immediate response. |
| Evacuation | Total evacuation may become necessary if the school is in an endangered area. Hazardous material accidents, major floods, etc. are examples. |

Additionally, if your residence should be in an endangered area, and the school is not, your children will be cared for in their regular building until the danger has passed, or you or a **person you authorize** comes to the school to regain custody. If a total evacuation becomes necessary, your children will be taken to a safe area as designated by the Lancaster County Emergency Management Agency. In either case, you will be kept informed on the location where you can regain custody of your children through local radio and television announcements.

Parents or others authorized to pick up a student will be required to provide identification at the pick up point, and sign a release register prior to release of a student to their custody. Identification may consist of a driver's license, social security card, voter registration card, etc. **Please complete and return the attached form** by identifying those persons whom you authorize to take custody of our children during an emergency.

In the event your child/ren has a personal means of transportation (walking) during a declared emergency and ordered evacuation, your consent is also required before the student (child) will be released and authorized to evacuate in his/her own mode of transportation. This consent must also be so indicated on the emergency form.

I SPECIFICALLY URGE THAT YOU NOT TELEPHONE THE SCHOOLS OR ATTEMPT TO MAKE DIFFERENT ARRANGEMENTS. This would only create confusion, and divert staff and faculty members from their assigned emergency duties.

In the event telephone service is lost, mass media will be used to communicate status, procedures and future considerations. Loss of mass media communications could necessitate the use of route alerting and/or neighborhood communications network.

Emergency conditions may also require that we will have to close for a period of time.

In order to ensure the safety of the children of our school and ensure the continuity of their education, I urgently request the cooperation of all parents.

Sincerely,

Mrs. Theresa M. Burg
Administrator

**PLEASE COMPLETE AND RETURN THE ATTACHED FORM
BY Tuesday, September 8th**

Family/ Name of Student/s _____

STUDENT/S DAILY MODE OF TRANSPORTATION _____

If Car Rider, Primary pickup:

NAME _____

PHONE (Home/Cell/Work) _____

**ALL CHANGES TO MODE OF TRANSPORTATION REQUIRE
A NOTE**

EMERGENCY STUDENT PICK-UP AUTHORIZATION

I, _____ authorize Our Lady of the Angels School to release my child/ren listed below to the persons designated in consonance with Our Lady of the Angels Emergency Operations Plan.

DESIGNATED CUSTODIANS

| Designated Custodian | Relationship | Home Phone | Work Phone | Cell Phone |
|----------------------|--------------|------------|------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SIGNATURE OF PARENT/GUARDIAN _____

ADDRESS OF PARENT/GUARDIAN _____

PHONE NUMBER _____ WORK NUMBER _____ CELL NUMBER _____

In the event my child/ren have a personal mode of transportation (walking) at the school when an evacuation is ordered, I authorize him/her to use the personal mode of transportation for evacuation travel purposes and to transport other immediate family members also, if feasible.

SIGNATURE OF PARENT _____ DATE _____

PRINT NAME OF PARENT/GUARDIAN _____

**NOTES: Parents/guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may be so designated. Please type or print neatly in the appropriate spaces.

PLEASE RETURN BY Tuesday, September 8th

8/2009