



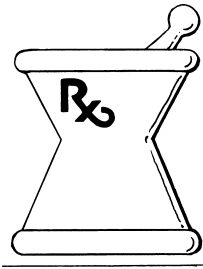
EMERGENCY PREPAREDNESS PLAN

Our Emergency Preparedness Committee has developed a plan for coping with a natural disaster. The projected stay for children at the school site will be no longer than three days. In the event you would be unable to reach the school during those three days, we would like you to designate two families with whom your child could leave MTS. ***Designated families must live in Mill Valley on the west side of Highway 101 for this plan to be effective.***

Please check with the two families that you designated (before completing this information) to avoid overcrowding. Make sure that the designated families know they are to pick up your child in case of emergency. Any relatives or friends who live west of Highway 101 can serve as designated families; they do not have to be MTS families. Families who are new to the school, or who do not have family or friends west of Highway 101, can make a notation in the appropriate space on the emergency form and the Emergency Preparedness Committee will select two designated families.

All children who are at the school at the end of three days will be assigned to volunteer MTS families who live within walking distance of the school. At the time the school is closed, a list will be posted on the door with the whereabouts of all those children.

Please record the designated family names, addresses and telephone numbers on the Emergency Information form.



MEDICATION ADMINISTRATION

The policy on dispensing medications at the school will be as follows:

For Minor Headache/Pain:

1. No aspirin will be given. Acetaminophen or ibuprofen (non-aspirin pain relievers) will be given with signed permission on Emergency Information Form.
2. The dosage given will be according to the manufacturer's directions.
3. Records will be kept of all medication given in order to monitor any chronic or persistent problems. Parents are sent a notification form when pain medication is given at school.
4. No medication will be given if:
 - a. Fever is present.
 - b. There is a history of head trauma in the previous 24 hours.
 - c. There is no parental permission on file at the school.

For Administration of Prescribed Medication:

Please fill out a request form which is available online.

If your child is taking any medication on a regular basis, please notify the school. A change in dosage or medication should also be communicated. If this medication is to be administered at school, please have your doctor sign the appropriate form.

Please direct any questions you have regarding this policy to the school office extension 101.



MOUNT TAMALPAIS SCHOOL
MEDICATION REQUEST

Occasionally a child will need to take medicine at school. Should this be the case, please complete the following information. Also complete this form if your child needs to have medicine available at school on a regular basis.

Please have your physician sign below for administration of prescription drugs. Your signature indicates your consent to have MTS contact your physician should any questions arise regarding the medication and its effects.

Please allow my child, _____, to take the following medication at school:

Medicine: _____

Amount: (Dosage): _____

For the Treatment of: _____

Time(s): _____

Date(s): _____

Signature of Parent/Guardian

Physician Signature

We will make every reasonable effort to assist you in maintaining a medication schedule for your child. The ultimate responsibility, however, will continue to be yours and your child's. Thank you.