



**Columbus Arts & Technology Academy**  
**2250 Kimberly Parkway**  
**Columbus, Ohio 43232**

July 26, 2011

Dear Parents,

The safety and welfare of our students is the primary concern of our teachers, staff and administrative team. In light of the tragic events of September 11, 2001 a thorough review of our existing Emergency Response Plan has been initiated. The purpose of this review is to update and refine our emergency procedures and re-evaluate the security of our facility. Our goal is to make any change necessary to ensure that our students are safe and that school personnel can properly respond to any emergency situation. Upon completion of our review, the school will publish and distribute ***Emergency Procedures for Parents***. Our plan is to keep parents properly informed of the processes and procedures that are in place to safeguard their children while they are in school including:

- Security screening and use of picture identification upon entering the school building
- Release and pick-up procedures
- Emergency procedures
- First Aid procedures
- Evacuation procedures
- Emergency relocation procedures
- Crisis communication procedure and Parent notification
- Student emergency kits
- Early dismissal

Parents can help us keep their child safe by making sure that we have updated student information. Open communication between parents and the school will be extremely important for the safety and welfare of your child. We ask that parents keep the school informed of any potential situations that may impact the safety and welfare of their child including changes in custody, change of address, phone number, address or change in emergency contact information.

Attached to this letter is a **Student Emergency Contact/Permission card** for both the classroom teacher and the front office. The information included on these cards will be used to contact you in the event of an emergency. Please fill out these forms as soon as possible and return it to the school for inclusion in the school's Emergency Response Plan.

We look forward to working with you to ensure a safe school environment for your child.

Sincerely,

Derrick Shelton,  
CAO, Columbus Arts and Technology Academy

### Charter School Emergency Contact/Permission (Teacher's copy)

1. Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Room # \_\_\_\_\_

Age of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Allergy Alert: \_\_\_\_\_

2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Home Phone: \_\_\_\_\_ Custodial Parent/Guardian: \_\_\_\_\_

4. Mother/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone/Cell Phone: \_\_\_\_\_

5. Father/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone/Cell Phone: \_\_\_\_\_

6. Emergency Contacts: Adult persons (18 years or older) who may be contacted in the event of an emergency:  
*Can be non-guardian*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

7. I hereby give permission to the staff of this Charter School to secure emergency medical treatment for the above named child during school hours or while participating in school activities:

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mosaic Education, Inc.

### Charter School Emergency Contact/Permission (Front Office copy)

1. Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Room # \_\_\_\_\_

Age of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Allergy Alert: \_\_\_\_\_

2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Home Phone: \_\_\_\_\_ Custodial Parent/Guardian: \_\_\_\_\_

4. Mother/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone/Cell Phone: \_\_\_\_\_

5. Father/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone/Cell Phone: \_\_\_\_\_

6. Emergency Contacts: Adult persons (18 years or older) who may be contacted in the event of an emergency:  
*Can be non-guardian*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

7. I hereby give permission to the staff of this Charter School to secure emergency medical treatment for the above named child during school hours or while participating in school activities:

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mosaic Education, Inc.  
Mosaic Education, Inc. Updated: 8-04  
Emergency Response Plan