EMERGENCY CONTACT INFORMATION FORM

CALL 9-1-1 IN CASE OF EMERGENCY

SCHOOL INFORMATION

Name: ___________________________  Address: ___________________________

EVACUATION LOCATIONS

Area of Refuge Location: ___________________________
Shelter-In-Place Location: ___________________________

EMERGENCY CONTACT INFORMATION

Responding Police Department: ___________________________  Phone: ____________
Responding Fire Department: ___________________________  Phone: ____________
Responding Poison Control Center: ___________________________  Phone: ____________

PERSONNEL CONTACT INFORMATION

School Principal: ___________________________  Phone: ____________
Facilities Manager: ___________________________  Phone: ____________
School Security: ___________________________  Phone: ____________

UTILITY CONTACT INFORMATION

Gas Company: ___________________________  Phone: ____________
Water Supply: ___________________________  Phone: ____________
Electrician's name: ___________________________  Phone: ____________