**Emergency Contact Sheet**

Last Updated Click here to enter a date.

1234 Any Street

AnyCity, OH 12345

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **IRN** |  | | | **Non-marcs radio Frequency** | **Marcs Radio Frequency** | **Security Camera(s) at school?** |
| **Program Name** |  | | |  |  |  |
| **Main Phone** |  | | |
| **Key Personnel (Title)** | **Name** | **Phone** | **Cell Phone** | **Email** | | |
|  |  |  |  |  | | |
|  |  |  |  |  | | |
|  |  |  |  |  | | |
|  |  |  |  |  | | |
|  |  |  |  |  | | |
|  |  |  |  |  | | |

**First Responders**

**Law Enforcement**

[Insert name of responding law enforcement agency]

**Non-Emergency #:** [Insert non-emergency number]

**Telephone #:** [Insert phone/cell number]

**Chief/Sheriff:** [Insert name of Chief/Sheriff]

**Fire Department**

[Insert Name of Responding Fire Department]

**Non-Emergency #:** [Insert non-emergency number]

**Chief:** [Insert Name of Fire Chief]

**Telephone #:** [Insert phone/cell number]

**EMS**

[Insert Name of EMS Responding Agency]

**Non-Emergency #:** [Insert non-emergency number]

**Lead:** [Insert Name of EMS Lead]

**Telephone #:** [Insert phone/cell number]

**Emergency Management**

**Director: [**Insert County EMA Director Name]

**Telephone #:** [Insert phone/cell number]

**Mental Health Provider**

[Insert Name of Mental Health Partner]

**Telephone #:** [Insert phone/cell number]

**Location of School Emergency Plan Documents**

A hard copy of the school’s emergency plan, floor plans, site plan, emergency contact sheet, and stakeholder signatures is stored: Insert Location

An electronic version of the school’s emergency plan, floor plans, site plan, emergency contact sheet, and stakeholder signatures is available at: Insert link, how to gain access password(s) etc. to access document

An electronic version of the school’s emergency plan, floor plans, site plan, emergency contact sheet, and stakeholder signatures is available in SAFE.