



School Emergency Preparedness Team

SCHOOL: _____

Name	Position	Internal Extension	Cell Phone	Home Phone	Room No.
	Principal				
	Secretary				
	Custodian				
	Teacher				

You may choose to have additional people on this team. The positions indicated are mandatory members.

Principal Signature: _____

Date: _____

A completed version of this form must be kept in the Emergency Preparedness Binder.