

SCHOOL EMERGENCY CONTACT INFORMATION

Date of Submission: _____

Name of School, Program, Center, or Facility: _____

School IRN: _____

Building Street Address: _____

City: _____ County: _____ Zip: _____

School Type: _____

School District: _____ District IRN: _____

Submitting Official's Name: _____ Position: _____

Key Contact Information

School Administrator:
(the person statutorily responsible for submitting safety plan information):

Cellular Telephone:

If public district, superintendent's name:

Cellular Telephone:

School Decision-Maker's Name:

Cellular Telephone:

Secondary School Decision-Maker's Name:

Cellular Telephone:

Maintenance Staff Name:

Cellular Telephone:

Custodial Staff Name:

Cellular Telephone:

School Resource Officer:

Cellular Telephone:

Keyholder's Name:

Cellular Telephone:

Key Knox Box Location (where applicable):

Primary Jurisdiction of Responding Agencies

Police Department:

Contact Number:

Police Chief's Name:

Fire Department:

Fire Chief's Name

Contact Number:

EMS/Ambulance Service:

Contact Number:

County Emergency Management Agency Director:

Contact Number:

Communications

Name of MARCS Radio Talk Group (if applicable):

Description of Public Safety and Emergency Communication Platform/Capabilities:

Location of School Emergency Management Plan Documents

Location of Full-Size Floor Plans (hard copy)

On-Scene:

Off-Site:

Location of Full School Emergency Management Plan Documents (hard-copy)

On-Scene:

Off-Site:

Details on how to access listed locations:

SIGNATURE PAGE

In developing/updating the emergency management plan for each building, the school administrator shall involve community law enforcement and safety officials, parents of students who are assigned to the building, and teachers and nonteaching employees who are assigned to the building, as described in O.R.C. 3313.536. The administrator is also required to file a copy of the plan with each law enforcement agency that has jurisdiction over the school building. The school emergency management plan should be consistent with the local incident command structure, as established by local law enforcement, fire and other public safety agencies. The emergency management plan must clearly identify the latest revision date and the community members involved in its creation. The signature of the school administrator acknowledges that each of the named parties below have been asked to provide input in the creation/update of the emergency management plan as part of the Stakeholder Community described in O.A.C. 3301-5-01. **The signature of community law enforcement, fire, EMS, and County EMA, signifies they have been given the opportunity to collaborate (through planning or providing information) on the creation/update of the emergency management plan and that each of the named parties have been made aware of the content of the emergency management plan by the responsible school administrator.** This acknowledgement does not create any new liability under O.R.C. 3313.536 for community law enforcement, fire, EMS, and County EMA. **It is the responsibility of the school administrator to involve each community stakeholder in the development of/changes to the emergency management plan.**

Primary Community Law Enforcement:

Signature	Date	Title	Agency/Contact
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Fire Official:

Signature	Date	Title	Agency/Contact
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EMS Official:

Signature	Date	Title	Agency/Contact
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County EMA Official:

Signature	Date	Title	Agency/Contact
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Parent Representative:

Signature	Date	Affiliation
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Teacher Representative:

Signature	Date	Affiliation
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Non-Teaching Employee Representative:

Signature	Date	Affiliation
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Authorized School Administrator:		
Signature	Date	Title & Name