

SCHOOL DISTRICT EMERGENCY CONTACTS

Identify school district contacts who will assist the school nutrition operation in case of case emergency. Some examples are principals, teachers, computer support staff, nurses, clerical support staff, bus drivers, student and parent organizations, and custodians.

Feeding Site _____

School Nutrition Director or Manager _____

ADMINISTRATORS

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

4. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

TEACHERS

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

3. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

4. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

**COMPUTER
SUPPORT STAFF**

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

**CLERICAL
SUPPORT STAFF**

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

SCHOOL NURSE(S)

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

MAINTENANCE FOREMAN

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

CUSTODIAN(S)

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

4. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

BUS DRIVER(S)

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

3. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

4. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

PARENT ORGANIZATION

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

STUDENT ORGANIZATION

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

OTHERS

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

4. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

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