University of Wisconsin-Madison

Precollege/Youth Program Emergency Plan

Program emergency alarm type	Number of sounds
Program Name	
Administrative Address	
Program Director	
On-Campus	
Program Supervisor	
Program Type	
Date Updated	
On-Campus Location #2	
Address	
On-Campus Location #3	
Address	

Contact Information

Title	Name	Cell Phone Number	Email Address
Program Director			
On-Campus Program Supervisor			
On-Campus Program Health Supervisor			
UW-Madison Point of Contact			
EMERGENCY		911	
UW Police Dept.		608-264-2677	
Other			
Other			
Other			

Assembly Groups

Assembly Group	Assembly Group Leader with Cell Phone Number	Location and Description
Group #1		
Group #2		
Group #3		
Group #4		

Assembly Areas

Assembly Areas	Location and Description
Primary	
Secondary	
Tertiary	

Emergency Response Task Assignment

Program Director(s) and Designated Individuals are assigned emergency response tasks as follows:

Task	Assigned To (Name)	Backup (Name)
Activate Campus Emergency Notification		
Assembly Group Headcounts		
Group #1		
Group #2		
Group #3		
Group #4		
Establish Communication		
Provide First Aid		
Relocation Party		
Relocate Program Participants		
Inspect Facilities and Grounds		
Program Evacuation		
Emergency Parental Notification		

Program Location Layout or Diagram(s)

Insert program layout or diagram (highlight assembly locations, evacuation routes and AED locations.

Plan Revision History and Annual Review

The OPYPC Director requires that each program certify that it reviews their Program Emergency Plan annually. Plans that do not list a review within the last year will not be approved and access to campus resources will not be permitted.

Revision Date	Description of Change	Author
Precollege/You	th Program Emergency Plan	Prepared By:
Name		
Title		
Signature		
Signature Date		