

# University of Wisconsin – [insert institution] Youth Activity Emergency Plan

**Program emergency alarm type**

**Number of sounds**

<b>Program Name</b>	
<b>Administrative Address</b>	
<b>Program Director</b>	
<b>On-Campus Program Supervisor</b>	
<b>Program Type</b>	
<b>Date Updated</b>	
<b>On-Campus Location #2</b>	
<b>Address</b>	
<b>On-Campus Location #3</b>	
<b>Address</b>	

## Contact Information

Title	Name	Phone Number	Email Address
Precollege Liaison			
Campus Sponsor			
Program Director			
Program/Activity Supervisor			
Medical Contact			
UW-[institution] Point of Contact			
<b>EMERGENCY</b>		<b>911</b>	
<b>Local Police Dept.</b>		- -	
Office of Risk Management (UW System) Title IX Contact		(608) 890-4792	
Other			

## Assembly Groups

Assembly Group	Assembly Group Leader & Phone Number	Location and Description
Group #1		
Group #2		
Group #3		

Group #4		
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## Assembly Areas

Assembly Areas	Location and Description
Primary	
Secondary	
Tertiary	

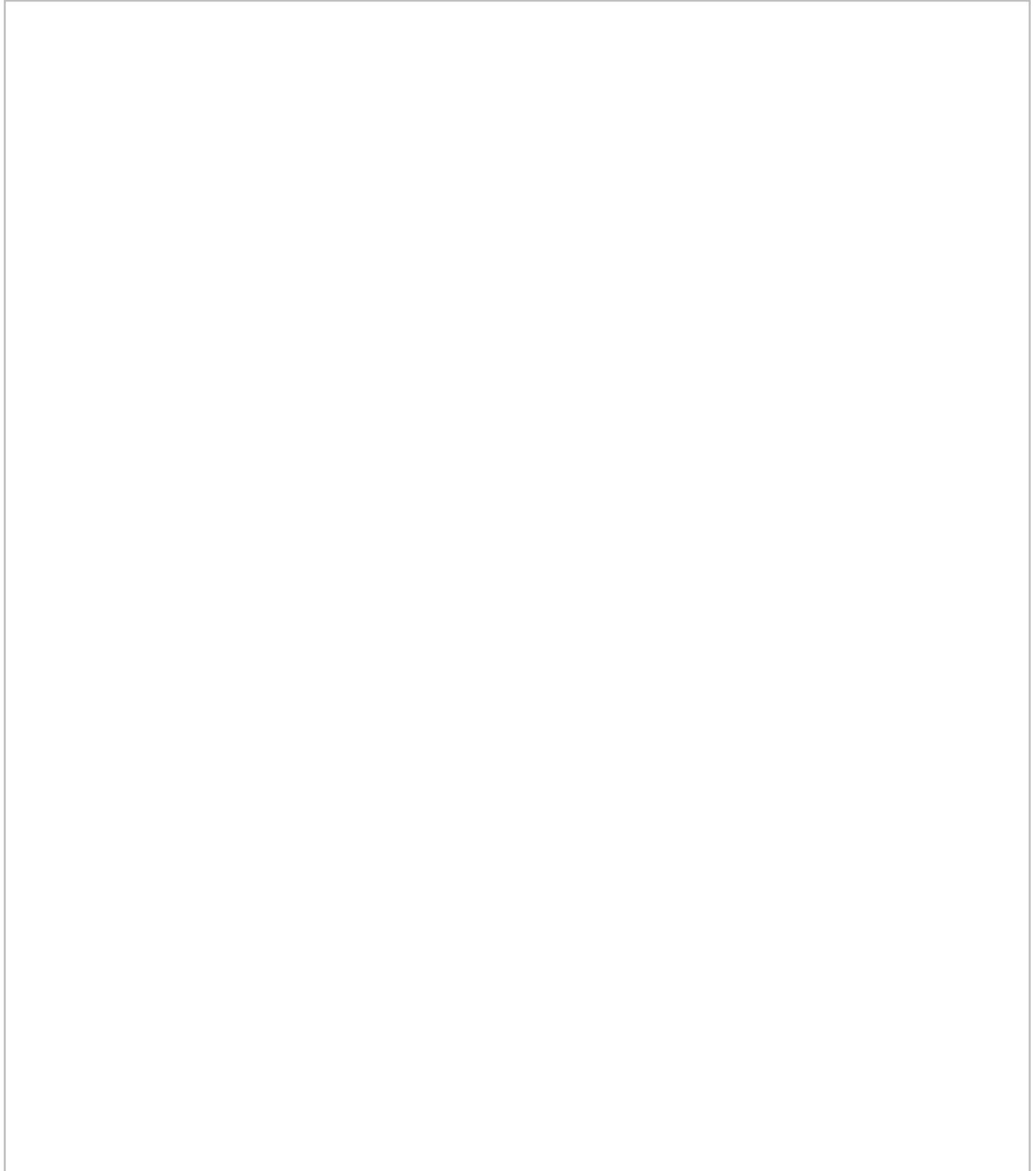
# Emergency Response Task Assignment

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 Review

If you have any revisions to your campus's Youth Safety Plan during the Year, please document the revisions below and submit to the Precollege Liaison.

Revision Date	Description of Change	Author

### Precollege/Youth Program Emergency Plan Prepared By:

Name	
Title	
Signature	
Signature Date	