



EXTENDED DAY PROGRAM
Emergency Plan
Acknowledgment Form

School Name: _____

School Year: _____

EXTENDED DAY STAFF:

My signature below certifies the following:

- 1. I have been trained on the Extended Day Emergency Plan, and the Site Director has reviewed the Extended Day Program Emergency Plan with me at the beginning of this school year.
- 2. I fully understand my roles and responsibilities in the event of a fire, shelter-in-place, and lock-down situation. I also understand the procedures for illness and injuries.

Signature:	Date:

SITE DIRECTOR:

My signature below certifies the following:

- 1. I have reviewed the Emergency Plan for accuracy and it has been updated with current information.
- 2. I have reviewed the Emergency Plan with all Extended Day staff at the beginning of the school year, and all staff have been trained on their roles and responsibilities.
- 3. I have reviewed Section III – Assignment of Responsibilities of the Emergency Plan and fully understand my duties as Site Director.

Site Director Signature: _____ Date: _____

PRINCIPAL:

My signature below certifies the following:

- 1. I have reviewed and approve the Extended Day Program’s Emergency Plan.
- 2. I have witnessed staff demonstrate the Emergency Plan and confirm that it is effective.
- 3. I have reviewed Section III – Assignment of Responsibilities of the Emergency Plan and fully understand my duties as Principal.

Principal Signature: _____ Date: _____