CRISIS MANAGEMENT SUPPORT TEAM

School Based Team

- ***Consider both physical plant emergencies (e.g. fire) and emotional trauma (e.g. suicide) when selecting team***

School: _____

Year: _____

Suggested members:
- **Principal or designate**
- **School secretary**
- **Counsellor**
- **Teacher(s)**
- **Custodian**

School Based Team

NAME	PHONE NUMBER

Alternate Indoor Site for Evacuation:

- **Location:** _____
- **Contact and Phone Number** _____

Submit updated list to the Division Office by October 31.