

Domestic Programs

Faculty Emergency Plan

**Program Name:**

**Director:**

**Program Dates:**

Faculty directors are responsible for filling out all sections of the form.

Please consult your point person for guidance.

Please include program itinerary and student addresses when submitting this form.

**Section 1: Basic program contact information**

**Director Contact Information

Director phone number on-site:**

Residence:

Cell:

Contact information prior to program start:

Contact information during student transit:

Contact information after program end:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director address on-sites:**Physical Address:

Mailing Address(if different)**:**

Email address**:**

**Other on-site Contact**

Name:

Cell:

Residence phone:

Physical Address: same as director

Mailing Address (if different):

**Section 2: Emergency Action Plans**.

Please consider all of the below situations and describe how each incident would be handled.

Director learns s/he is unable to travel with the group before the start of the program.

Is there another person who would replace the director (please identify)?

If not, what contingency is in place to deal with this?

Director is incapacitated during program operation. Who will manage the program?

Who will stay with the director?

Please share specifics of how the program will be managed during the director’s incapacitation (e.g. finances, course instruction, transportation).

Both Director and Assistant Director/Program Assistant are incapacitated (if applicable). Who will manage the program?

A student(s) is/are incapacitated. Who will stay with the student(s) in the event they are hospitalized or otherwise unable to travel with the rest of the group?

**Section 3: Additional Emergency Contacts**.

Indicate contact information for persons indicated in section 2 and other person(s) who would have responsibility or be of assistance during an emergency.

**Name:**

**Capacity:**

**Cellphone:**

**Residence phone:**

**Email:**

**Physical Address**:

**Mailing Address (if different):

Name:**

**Capacity:**

**Cellphone:**

**Residence phone:**

**Email:**

**Physical Address:**  **Mailing Address (if different):**

**Name:**

**Capacity:**

**Cellphone:**

**Residence phone:**

**Email:**

**Physical Address:**

**Mailing Address** (If different)**:**

**Name:**

**Capacity:**

**Cellphone:**

**Residence phone:**

**Email:**

**Physical Address:

Mailing Address** (if different)**:**

**Section 4: Other resources**:
**Local Hospitals and Doctor Clinics:**

**Local Police Departments:**

**Travel Agent:**

**Local Fire Departments:**

 **Identify two meeting places in the event of an emergency (per site):**

**Section 5: Program Itinerary and Addresses**

Please provide a **complete** day-by-day itinerary for program activities during the program dates. Please also include a list of student addresses (and phone numbers, if available.)