

DISASTER RECOVERY PLAN

All Arkansas Public School District's must implement a Disaster Recovery Plan. This information will be used for the sole purpose to contact our employees in case of a disaster. It will be entered into your APSCN Records and not released to any outside source. Please update this information as changes occur.

EMPLOYEE CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Other Phone: _____

District Email: _____

Personal Email: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Emergency Phone: _____

Emergency Cell Phone: _____

MEDICAL INFORMATION

Physician Name: _____

Physician Phone: _____