



CMCSS

621 Gracey Ave.

Clarksville, TN 37040

Emergency Evacuation Plan

School Year: 20____ - 20____

Student Name: _____ DOB: _____

Teacher: _____ Grade: _____

Parents/Guardians: _____ Phone: _____

Emergency contact: _____ Phone: _____

This student requires assistance during a school emergency, which involves school building evacuation.

For this one/two-story school, follow the steps below.

If an emergency is announced, designated school personal will:

1. assist student from current location to the designated exit for that area.
2. remain with student until all clear is announced
4. assist student back into the building

Designated school personal:

1. _____
2. _____ Back up if staff member #1 is out

Special area staff: ART, MUSIC, PE etc. please be aware you will be designated as the primary person when you have custody of the student

Additional Notes:

School Nurse Signature: _____ Date: _____