



# WELL-BEING SAFETY ASSESSMENTS

Dedicated to Preventing Violence Across the United States

## EMERGENCY/NON-EMERGENCY CONTACT FORM

#1. NAME OF SCHOOL DISTRICT:

#2. ADDRESS OF ADMINISTRATION BUILDING:

#3. NAME/ADDRESS/PHONE NUMBER OF ALL SCHOOLS WITHIN THE SCHOOL DISTRICT:

#4. IDENTIFY ALL ON CALL STAFF WHO WILL RECEIVE THE EMERGENCY/NON EMERGENCY REPORTS (THE NAMES OF ON-CALL STAFF CAN ROTATE.) THERE CAN BE A SPECIFIC ON CALL STAFF FOR DIFFERENT SCHOOLS WITHIN THE DISTRICT. PLEASE ATTACH AS MANY ADDITIONAL SHEETS AS NECESSARY TO ENSURE CLARITY FOR THE WSA CRISIS WORKER.

#5. IDENTIFY THE NAME, ADDRESS AND PHONE NUMBER OF THE LOCAL AUTHORITIES IN YOUR SCHOOL DISTRICT. WHO WOULD YOU CALL IF THERE WAS AN ISSUE?

## SCHOOL REPORTING SYSTEM AGREEMENT

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I, \_\_\_\_\_ (School Administrator's Name), have read and understand the policy and procedures for The School Reporting System and give permission to Well-being Safety Assessments, LLC to oversee our school district's emergency and non emergency School Helpline calls, texts, messaging, and emails. I understand WSA will do their best to respond to every call in a timely manner and will attempt to adhere to the on-call guidelines our district has put in place. I also am aware this may not always happen due to human or technological error.

Date

School Administrator's Signature

8/22

8/22/2024 10:10:10 AM

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