

ıdent Name:		DOB:	Grade:
	Contact Information:		
Student Picture	Parent/Guardian Name:	Phone:	
	Parent/Guardian Name:		
	Emergency Contact:		
	Additional Contacts:		
uilding Health Office/School Nurse:		Phone:	
	AN EMERGENCY MAY INCLUDE AI	NY OR ALL OF THESE SYMF	PTOMS:
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In the event of an emergency, care will be initiated and parents will be contacted.

This plan is in effect for the current school year only.

