

Date: _____

Student's Name: _____

Dear Parent/Guardian:

In reviewing your student's Emergency Procedure Card, I noticed that you have not supplied the following information:

_____ Parent Signature (card attached)

_____ Home Phone Number _____

_____ Work Phone Number (Mother) _____
(Father) _____

_____ Name/Phone Number of Family Physician _____

_____ Name, Phone Number of Family Dentist _____

_____ Complete Bottom Information (card attached)

_____ Additional persons able to remove child from school due to illness
or emergency. (If none, please note) _____

_____ Other _____

***Please supply the checked information and return to the school nurse as soon as possible.
Thank you,***

School Nurse