

August, 2010

Dear Parent/Guardian:

Please see the enclosed Student Emergency Contact Information sheet. This emergency form contains your child's health information currently on file in the Health Office.

We would ask that you use a highlighter or different colored ink pen to:

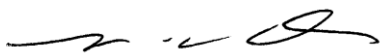
- Fill in any blank sections on the form
- Correct any pre-recorded information that is inaccurate

Please review all sections carefully prior to making any changes. Please change/delete any data that is not current or is incorrect. Please add any existing medical conditions not already documented and any medication that your child takes at home and/or at school. A signature is requested at the bottom of the form.

For confidentiality, please return the completed form to school in a sealed envelope marked "Emergency Information". Please return the form to your child's school as soon as possible.

Thank you for your assistance in this matter.

Sincerely,



Robert L. Scoboria
Assistant Superintendent
for Student and Administrative Services

RLS:klk

Attachment: *Student Emergency Contact Information sheet*