



## *Warren County Public Schools*

Dear Parent/Guardian

Re: \_\_\_\_\_ (student name)

Attached is a copy of an Emergency Action Plan for your child. It is our goal to provide optimum care for your child while at school. Please fill in the blanks as indicated, complete with your signature. Also have child's physician sign where indicated. Return the completed form to the school nurse. This action plan will be kept on file for the current school year and will be updated annually. If you have any questions or concerns, please do not hesitate to contact the school nurse.

\_\_\_\_\_

School Nurse