

Please provide us with the following contact information so that we can update our records.

Name: _____

School: _____

Address: _____

Town: _____ Zip Code: _____

Phone #: _____ Extension: _____

Fax #: _____ Main Office #: _____

Emergency Phone #: _____

Email Address: _____

Grades You Cover At This School: *(Please Circle)*

Pre-K K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th – 12th

Approximate # of Students In Your School: _____

Principal: _____ Vice Principal: _____

- Would you like to receive monthly educational information and worksheets for teachers regarding National Health Observances? (Ex: Worksheets for Poison Prevention Month)

Yes Please No Thank You

- If yes, how would you prefer to receive these materials? E-Mail Post Office Mail
- How likely are you to “Like” us on Facebook?

I Definitely Won't I'm Not Sure I Probably Will I definitely Will

- Are there any specific health topics in which you would like to receive information? Yes No

If yes, please list the topics

- Comments, Suggestions, Concerns

