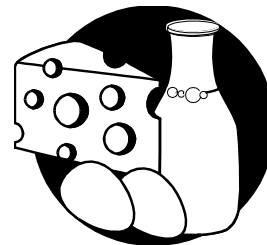
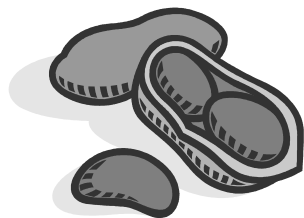


DO YOU HAVE A STUDENT WITH LIFE-THREATENING ALLERGIES?

If you have a student that has life-threatening allergies, please let the school know by **August 26, 2010**.

We will send you a copy of *Assumption Catholic School's Emergency Action Plan*. Fill out the form, which must be signed by your student's physician, and return with an EpiPen to the school office by **August 31, 2010**.



Yes, please send me a copy of Assumption Catholic School's Emergency Action Plan!

Your Name _____

Student Name _____

Address _____

City _____ State _____

Zip _____

Phone _____