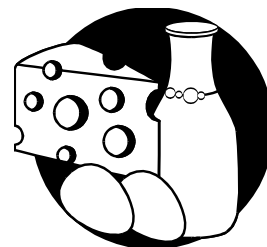
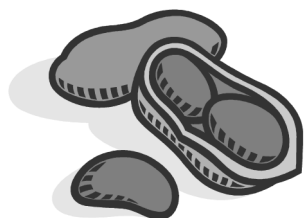


DO YOU HAVE A STUDENT WITH LIFE-THREATENING ALLERGIES?

If you have a student that has life-threatening allergies, please let the school know by **June 30, 2021**.

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 **September 1, 2021**.



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

Your Name _____

Student Name _____

Address _____

City _____ State _____

Zip _____

Phone _____