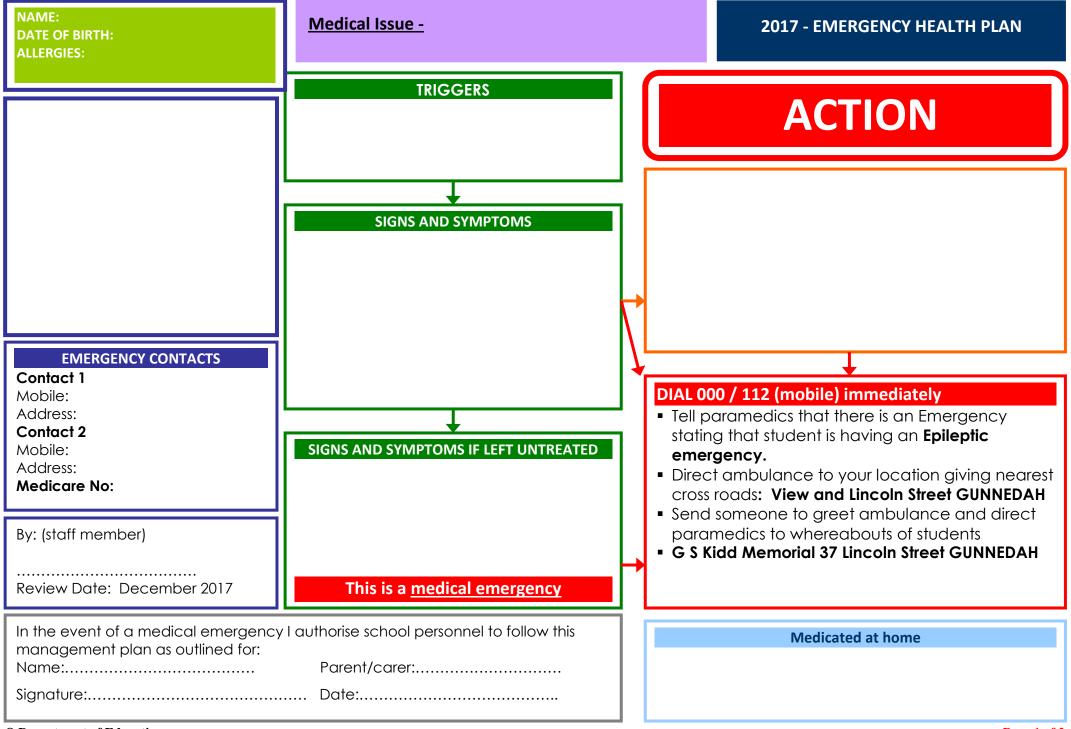
## **GS Kidd Memorial School**



## GS Kidd Memorial School

NAME: DATE OF BIRTH: ALLERGIES:

## Comments:

STAFF TO SIGN THAT THEY HAVE READ AND UNDERSTOOD THE EMERGENCY HEALTH PLAN			
Staff Print Name	Signature	Staff Print Name	Signature
	1		