

SCHOOL HEALTH SERVICES PERSONNEL UPDATE

We need to communicate with you!
Please provide the name of 1 person for each category listed below (**EVEN** if same as last year):

DISTRICT NAME:			
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District Medical Advisor:			
Address:			
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Phone:		FAX:	
<u>E-MAIL:</u>			
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District Nurse Supervisor or Contact:			
Address:			
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Phone:		FAX:	
<u>E-MAIL:</u>			
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District Contact or Coordinator for Health Ed. & Physical Ed.:			
Address:			
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Phone:		FAX:	
<u>E-MAIL:</u>			

This information will ensure that you receive timely updates and mailings from the State Dept. of Education.

Please return **a fully completed form** by **April 30, 2009.**

SEND TO:

Stephanie Knutson, MSN, RN
Connecticut State Department of Education
25 Industrial Park Rd.
Middletown, CT 06457

OR

Fax to: 860-807-2127

Email: stephanie.knutson@ct.gov