



STUDENT SAFETY PLAN
Student Services

Date _____

Student _____ Grade ____ School _____

Address _____ Phone _____

Parent's Name _____ Work Phone _____

Effective Dates _____ to _____

Delivery Plan:

Team Signatures

Administrator _____ Parent _____

Counselor _____ Parent _____

Nurse _____ Student _____

Other _____ Other _____