

How was the Reye's Syndrome Information distributed? _____

Info was distributed on? _____ To? _____
(Date) (Grade Levels)

Number of students enrolled @ school? _____

Would you like Spanish Information included in your next packet? Y / N
(Check One)

School Name _____
(One school per card only) - photo copy or e-mail additional schools as necessary

District Name _____

Contact Name (School Nurse) _____

Mailing Address _____

City, State & Zip _____ County _____

Email address _____

~Please Complete~

nrsf@reyessyndrome.org

(School Year 06/07)

National **Reye's** Syndrome Foundation
426 North Lewis Street
PO Box 829
Bryan, OH 43506

Place
Stamp
Here



NATIONAL REYE'S SYNDROME FOUNDATION
PO BOX 829
BRYAN, OH 43506-0829