

## DeKalb County's Emergency Response Plan

School: \_\_\_\_\_

Parent's Name (optional): \_\_\_\_\_

Date: \_\_\_\_\_

Please use the space provided below to submit your comments concerning DeKalb County's Emergency Response Plan or \_\_\_\_\_ School's plan. Please indicate the section or component number and page number which your comment pertains to.

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Component \_\_\_\_\_ page number \_\_\_\_\_

\_\_\_\_\_ I wish to be contacted when this matter is addressed.

Number \_\_\_\_\_

\_\_\_\_\_ I do not wish to be contacted when this matter is addressed.