



Madison County Government
Regional Office of Education
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Kurt Prenzler
County Board Chairman

HEALTH LIFE SAFETY ANNUAL REVIEW MEETING REPORT

District: _____ Fiscal Year: _____

1.) Summary of Changes to the existing school safety plans as recommended at the Annual Review Meeting(s):

2.) A. Date(s) of Annual Review meeting(s): _____

B. Participants and attendance Record: Attached or Listed Below

3. A check certifies that the school district conducted an effective review of the emergency and crisis response plans, protocols, and procedures and the school safety drill programs of the district and each of its school buildings.
4. A check indicates that the school district will implement those plans, protocol, procedures, and programs during the academic year.

Signature of school board designee

Title of school board designee

Date: _____