

School Point of Contact (POC) Information

School Information

District _____

School _____

Address _____

Administrator
Name/Number _____

Athletic Director
Name/Number _____

Point of Contact

Name _____

Role _____

Work Phone _____

Email _____

Backup Point of Contact

Name _____

Role _____

Work Phone _____

Email _____

Please email form or changes to: environmentalhealth@lasallecounty.org