

Who's Who – Shared Responsibility Who Are You Going to Call?



School Wellness Policy Committee

Name: _____ Position: _____ Contact Info.: _____

Name: _____ Position: _____ Contact Info.: _____

Health Services – School Nurses

Name: _____ Position: _____ Contact Info.: _____

Name: _____ Position: _____ Contact Info.: _____

School Health Education

Name: _____ Position: _____ Contact Info.: _____

Name: _____ Position: _____ Contact Info.: _____

Nutrition Services/Food Services/Nutrition Education

Name: _____ Position: _____ Contact Info.: _____

Name: _____ Position: _____ Contact Info.: _____

Network for Healthy California Coordinator

Name: _____ Position: _____ Contact Info.: _____

Name: _____ Position: _____ Contact Info.: _____

Family/Community/PTA/PTO

Name: _____ Position: _____ Contact Info.: _____

Name: _____ Position: _____ Contact Info.: _____

Science & Classroom Instruction

Name: _____ Position: _____ Contact Info.: _____

Name: _____ Position: _____ Contact Info.: _____

School Administration/Principal/Curriculum Coordinator

Name: _____ Position: _____ Contact Info.: _____

Name: _____ Position: _____ Contact Info.: _____