



## SHORT-TERM (24-HOUR) COVERAGE

### LIST OF STUDENTS / PARENT VOLUNTEERS AND OTHER YOUTH PARTICIPANTS / STAFF

Please provide names below. If necessary, please make copies and attach separately.

Name of School \_\_\_\_\_

Name and location of activity \_\_\_\_\_

Starting date \_\_\_\_\_

Ending Date \_\_\_\_\_

#### Students

#	Last Name	First Name		#	Last Name	First Name
1.				26.		
2.				27.		
3.				28.		
4.				29.		
5.				30.		
6.				31.		
7.				32.		
8.				33.		
9.				34.		
10.				35.		
11.				36.		
12.				37.		
13.				38.		
14.				39.		
15.				40.		
16.				41.		
17.				42.		
18.				43.		
19.				44.		
20.				45.		
21.				46.		
22.				47.		
23.				48.		
24.				49.		
25.				50.		

#### Parent Volunteers and Other Youth Participants

Last Name	First Name

#### Staff

Last Name	First Name