

**Dohn Community High School  
301 Wellness Policy Compliance Form**

**Wellness Committee Members:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Wellness Committee Meeting Dates (four required meetings per school year)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Wellness Committee Evaluation Date (Evaluation of Policy shall be attached to this form)**

1. \_\_\_\_\_

**Date of Last Wellness Policy Update (must be done once every three years)**

1. \_\_\_\_\_