

TEACH PARENT INFORMATION

This form must be completed for **each** person serving in the classroom. Staple a photocopy of your current Driver's License to this form.



Full Name _____ Phone # _____

EMERGENCY INFORMATION:

List allergies: _____

List any medical conditions we should know about: _____

Are your immunizations (flu, tetanus, Hep B) current? ____ YES ____ NO

If you or your child is experiencing cold or flu like symptoms, it is strongly recommended that you or they wear a mask while at the preschool.

YOUR Emergency Contact (other than your spouse)

Name _____ Phone # _____

Doctor _____ Phone # _____

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