



B-4: Boo-boos, Belly-aches and Bumps
Before you go to the doctor
What to do when your child gets sick
Train the trainer program

PARENT CONTACT FORM

In about 3 months, we would like to contact you and ask you about your use of the book, What to Do When Your Child Gets Sick. This will help us learn if the training class and book were helpful to you.

May we contact you in about three months?

_____ NO _____ YES *If yes, please fill in the information below.*

NAME: _____

What is the best way for us to reach you? We will NOT share this information with anyone else.

_____ PHONE () _____ or () _____

_____ E-MAIL _____

_____ Both are OK

**Please put this form back in the envelope and SEAL IT
CLOSED.**

Thank you for your time!