

**Contact Tracing – Parents/Guardians**

This form must be completed prior to entry into the facility. This form must include all parents/guardians entering the facility during the below listed date and time.

**Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Booking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **First Name** | **Last Name** | **Phone Number** |
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| **First Name** | **Last Name** | **Phone Number** |
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