



STAFF INFORMATION SHEET

NAME: _____

DOB: _____

CELL #: _____ HOME #: _____

WORK #: _____

EMAIL: _____

PERMANENT ADDRESS: _____

SUMMER ADDRESS DURING CAAP (If different) _____

SCHOOL ADDRESS: _____

Who should we contact in case of emergency? _____

Cell: _____ Home: _____ Work: _____

Relationship to you: _____

List any allergies or health issues we should know about: _____

Any medications you take we should know about? _____

Any medical issues or concerns? (list if comfortable sharing this confidential information). _____