

SAFE SLEEP SAN JOAQUIN PRESENTATION

To help us better understand how many people are using our Safe Sleep toolkit, please fill out this form each time your agency presents this Safe Sleep powerpoint to either parents or staff, attach a sign-in sheet, and email it to us. You may use either your own agency's sign-in sheet or the one provided on the next page. You will receive email confirmation if your form has been received.

Please scan and email this form to us at:

mhernandez2@sjcphs.org

Thank you so much!

Your Agency: _____

How many people attended the presentation? _____

Date and Location: _____

Presentation was for (please circle):

Staff

Parents

Other: _____

Additional Comments (optional):

SAFE SLEEP SAN JOAQUIN PRESENTATION

SIGN IN SHEET

PRESENTED BY (NAME AND AGENCY): _____

DATE & TIME: _____ LOCATION: _____

NAME	SIGNATURE
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