Group ID _____

Cuídate

County: _____

Place: _____

Facilitator(s)

_____

Thank you for your participation in *¡Cuídate!* Please take a moment to sign in and initial under each session you attend.

Consent Form		Print Name	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7
	1								
	2								
	3								
	4								
	5								
	6								
	7								
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