

Child

Name			(child photo)
Address			
City	State/Zip		
Sex	Height	Weight	
Hair Clr	Eye Clr.	Race	

Medical Information

Allergies

Medication

Blood Type Insurance Carrier Insurance Number

Pediatrician Phone

Medical Release

I _____ the legal guardian
of _____ authorize medical or dental treatment
in case of an emergency.

In Case of Emergency Contact

Name	Phone
Address	
City	State/Zip
Name	Phone
Address	
City	State/Zip

Additional Information

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