

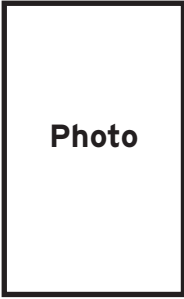


Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Special Needs, Medical Conditions,  
Allergies, Important Information:

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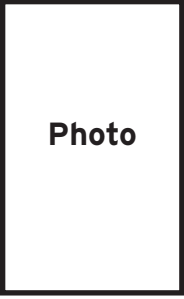


Name: \_\_\_\_\_

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Allergies, Important Information:

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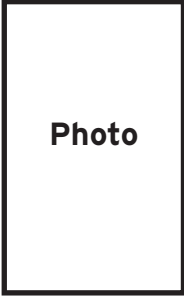


Name: \_\_\_\_\_

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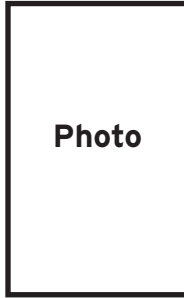


Name: \_\_\_\_\_

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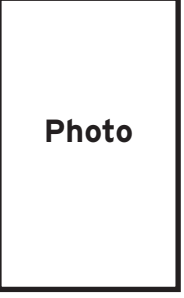


Name: \_\_\_\_\_

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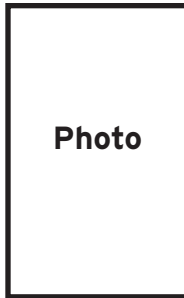


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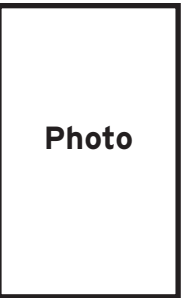


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