

This document is to be kept confidential and in an accessible area

Child name:	Photo of child
Parent name and contact:	
Second parent name and contact:	
Emergency contact name and number:	
Emergency contact name and number:	
Known medical conditions or allergies:	
Child name:	Photo of child
Parent name and contact:	
Second parent name and contact:	
Emergency contact name and number:	
Emergency contact name and number:	
Known medical conditions or allergies:	
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