



Name of Child:		
Address:		
Phone:		
Parents' Daytime Phone Numbers:		Other Emergency Contacts: (if parents' are unavailable)
Mother:		Name:
Phone:		Phone:
Father:		Name:
Phone:		Phone:
Physician's Name:		Dentist's Name:
Physician's Phone:		Dentist's Phone:
Health Insurance Name & Policy Number:		Dental Insurance Name & Policy Number:
Authorized Release To:		<b>Medical Problems or Needs:</b>
Name:	Name:	
Phone:	Phone:	

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