

New York State Senator Catharine M. Young 57TH SENATE DISTRICT YOUNG.NYSENATE.GOV

# SAFE CHILD BOOK

Your Child's Identification Record



NEW YORK STATE SENATE NYSENATE.GOV

### **10** TIPS FOR PROTECTING YOUR CHILD

- 1. Don't just preach "stranger danger"—teach your child to recognize and avoid situations that may actually place him or her in danger.
- 2. Make sure that your child has memorized your home phone number, address, and 911.
- 3. Identify registered offenders in your area using <u>www.familywatchdog.us</u>.
- 4. Teach your child the buddy system: always walk with at least one other child.
- 5. Practice drills with your child that include what to do if they are accidentally separated from you in a public place, or in the event of a kidnapping.
- 6. Teach your child to yell "You're not my parent!" if they are approached by someone he or she doesn't know.
- 7. Many abductions occur at the hands of family or friends. If someone other than yourself is picking up your child, develop a "safe word" with your child and have that person tell your child the "safe word." If that person does not know the "safe word," your child should refuse to go.
- 8. Restrict your child's access to the internet—know the sites your child is visiting and with whom your child is communicating.
- 9. Watch for any behavioral changes that may cause your child to drop his or her guard or fail to consider the possible dangers of certain situations.
- 10. Talk with your children and help them think proactively about how to protect themselves when you are not with them.



Dear Neighbor,

Recent data predict a troubling reality for parents: nearly 800,000 children may be reported missing this year (about 2,200 a day). While most of these children are never in real danger and will be found relatively quickly, some, sadly, are never seen again. Roughly 114,000 children face actual abduction attempts every year.

The minutes and hours immediately following a child's disappearance are the most critical. New York State's Amber Alert helps get the word out quickly to the public and to local law enforcement agencies that an abduction has occurred. However, there are extra precautions that parents can take. To provide parents with easy access to much of the information they will need to supply local authorities, I have put together a Child Safety Record. Fill out this record and update it every year with your child, and keep it in a safe and readily available location.

Once completed, these documents will contain a detailed profile of the missing child. In a race against time, the profile may help authorities find him or her more quickly. I've also included ten of the most common tips advised by law enforcement to protect your child.

As unlikely as it is that your child will ever be in this situation, should the unthinkable happen, you will be glad you took the time to compile this vital information into one document. As always, feel free to contact my office with any questions or if I can be of any further assistance.

Sincerely New York State Senator Catharine M. Young

#### **More Resources for Parents**

For more information about the Amber Alert Plan, call the Missing and Exploited Children Clearinghouse at 1-800-FIND-KID (1-800-346-3543) or criminaljustice.state.ny.us/missing/

NATIONAL HOTLINES:

#### **Child Find of America**

1-800-I-AM-LOST (1-800-426-5678) or www.childfindofamerica.org

National Center for Missing and Exploited Children 1-800-843-5678 or www.missingkids.com

**Covenant House Nineline Runaways** 1-800-999-9999 or <u>www.covenanthouse.org/nineline</u>

## **SAFETY COUNTS:** Your Child's Identification Record

This is your child's private record of personal information to be given to police if it is ever needed. Keep this record in a safe and accessible location.

LAST Child's Full Name		FIRST			MIDDLE		Child's So	cial Securi	ity Number	GENERAL INFORMA- TION
MONTH DAY	YEAR	HOSPITAL				CITY		STATE	COUNTRY	
Child's Birthday		Child's Bir								
□ Black □ White Child's Race	LI Hispanic	LI Asian	🗆 American I	ndian	Biracial	□ Other	Eye Color		Hair Color	
LAST		FIRST			MIDDLE					
Mother's Full Name							Mother's S	Social Secu	urity Number	
LAST		FIRST			MIDDLE					
Father's Full Name							Father's S	ocial Secu	rity Number	
FIRST NAME Primary Care Physici	an	LAST NAME	E		ADDRESS				PHONE	MEDICAL RECORDS
Allergies		Physical H	Handicaps		Chronic Il	lnesses		Blood Type	ROOTS AND FOLLICLES Hair Sample	
FIRST NAME Dentist		LAST NAME			ADDRESS				PHONE	DENTAL RECORDS
Attach a copy of your	child's Deni	al X-rays								
Attach a copy of your Use the boxes to the right to Indicate identifying marks on front and back —birthmarks, scars, moles, piercings, etc.— with descriptions.	child's Dent	al X-rays		F	FRONT	BA	CK CK			IDENTIFYING CHARACTER- ISTICS
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		CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION
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Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATIO
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				MOTHER'S CELL PHONE	_
Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
				MOTHER'S SECONDARY WORK PHONE	-
Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE	
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Father's Primary Work Address	#	CITY	STATE		
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LBS COLOR STYLE Height Weight Hair	LENGTH	SHIRTPANTSClothing Size	SHOE		CHARACTERI     TICS
Favorite Activities Physical Handicaps FRONT Addicate and describe identifying marks (bin FIRST NAME	BACH	r Mannerisms	etc.]	Attach a current photo of your child here CHILD WEARS GLASSES LEFT-HANDED CRIGHT-HANDED Nickname(s) of Child	MEDICAL
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Medications FIRST NAME STREET ADDRESS Dentist	LAST NAM #	CITY	STATE	PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE	RECORDS
Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME	LAST NAM # LAST NAM	CITY		PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE PRIMARY PHONE	RECORDS
Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS	LAST NAM # LAST NAM #	CITY E CITY	STATE	PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE PRIMARY PHONE SECONDARY PHONE	OTHER CONTACT
Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	LAST NAM # LAST NAM	CITY		PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE PRIMARY PHONE	OTHER
Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information	LAST NAM # LAST NAM # #	СІТҮ Е СІТҮ СІТҮ	STATE	PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE	OTHER CONTACT
Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information	LAST NAM # LAST NAM # # LAST NAM	CITY E CITY CITY	STATE	PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE	OTHER CONTACT
Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS	LAST NAM # LAST NAM # # LAST NAM #	CITY CITY CITY CITY CITY	STATE	PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE	OTHER CONTACT
Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS	LAST NAM # LAST NAM	CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE	OTHER CONTACT
Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS	LAST NAM # LAST NAM # # LAST NAM #	CITY CITY CITY CITY CITY	STATE	PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE	OTHER CONTACT
Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS	LAST NAM #	CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PARENT'S NAME         PARENT'S NAME	OTHER CONTACT
Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends	LAST NAM # ULAST NAM # ULAST NAM # ULAST NAM # ULAST NAM # ULAST NAM #	CITY CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE	PRIMARY PHONE   SECONDARY PHONE   [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE   PRIMARY PHONE   SECONDARY PHONE   WORK PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PARENT'S NAME   PARENT'S NAME   PARENT'S NAME   #	OTHER CONTACT
Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME	LAST NAM #	CITY CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PARENT'S NAME         PARENT'S NAME	OTHER CONTACT
Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends HAME Day Care/Pre-School Contact Inforomation	LAST NAM # LAST NAM # LAST NAM # LAST NAM # LAST NAM # LAST NAM # LAST NAM	CITY CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE	PRIMARY PHONE   SECONDARY PHONE   [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE   PRIMARY PHONE   SECONDARY PHONE   WORK PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PARENT'S NAME   PRIMARY PHONE   PARENT'S NAME   PARENT'S NAME   PARENT'S NAME   PHONE	OTHER
Medications  IRST NAME  STREET ADDRESS Dentist  ITRST NAME  STREET ADDRESS Emergency Adult Contact Information IRST NAME STREET ADDRESS ETRET ADDRESS Child's Friends IAME Day Care/Pre-School Contact Information IRST NAME	LAST NAM	CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         IATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PARENT'S NAME         PARENT'S NAME         #       CITY         STATE         PHONE         PRIMARY PHONE	OTHER
Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends HAME Day Care/Pre-School Contact Inforomation	LAST NAM # LAST NAM # LAST NAM # LAST NAM # LAST NAM # LAST NAM # LAST NAM	CITY CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE	PRIMARY PHONE   SECONDARY PHONE   [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE   PRIMARY PHONE   SECONDARY PHONE   WORK PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PARENT'S NAME   PRIMARY PHONE   PARENT'S NAME   PARENT'S NAME   PARENT'S NAME   PHONE	OTHER

GENERAL					
NFORMATION	STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
	STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
	Mother's Home Address				MOTHER'S CELL PHONE
	STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
	Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE
	STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE
					FATHER'S CELL PHONE
	STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
IDENTIFYING					FATHER'S SECONDARY WORK PHONE
IARACTERIS- TICS	LBS COLOR STYLE Height Weight Hair	LENGTH	Clothing	PANTS SHOE	
	Physical Handicaps	Favorite	Activities	Favorite Foods	
	Particular Mannerisms	Frequen	tly Visited L	ocations	
		1			Attach a current
	FRONT	BAC			photo of your child here CHILD WEARS GLASSES LEFT-HANDED RIGHT-HANDE
		· · · · ·	•		
	Indicate and describe identifying marks (b	irthmarks, so	cars, moles	s, piercings, etc.)	Nickname(s) of Child
				, piercings, etc.)	
MEDICAL RECORDS	FIRST NAME STREET ADDRESS	LAST NAM		s, piercings, etc.)	Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE
MEDICAL	FIRST NAME		1E		PRIMARY PHONE
MEDICAL	FIRST NAME STREET ADDRESS		1E		PRIMARY PHONE
MEDICAL	FIRST NAME STREET ADDRESS Primary Care Physician	#	IE CITY		PRIMARY PHONE SECONDARY PHONE
MEDICAL	FIRST NAME STREET ADDRESS		IE CITY		PRIMARY PHONE
MEDICAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician	#	AE CITY		PRIMARY PHONE SECONDARY PHONE
MEDICAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	LAST NAM # Allergies	AE CITY		PRIMARY PHONE SECONDARY PHONE Illnesses
MEDICAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME	LAST NAM # Allergies	IE CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	LAST NAM # Allergies	ΛΕ CITY ΛΕ CITY	STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	LAST NAN # Allergies LAST NAN #	ΛΕ CITY ΛΕ CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE IATTACH COPY OF DENTAL X-RAYS, IF AVAILAB
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	LAST NAN # Allergies LAST NAN #	AE CITY AE CITY	STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         ILLNESSES         PRIMARY PHONE         SECONDARY PHONE         IATTACH COPY OF DENTAL X-RAYS, IF AVAILAB         PRIMARY PHONE         PRIMARY PHONE
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS	LAST NAN # Allergies LAST NAN #	AE CITY AE CITY AE CITY	STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         IATTACH COPY OF DENTAL X-RAYS, IF AVAILAB         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	LAST NAN # Allergies LAST NAN #	AE CITY AE CITY CITY CITY	STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         IATTACH COPY OF DENTAL X-RAYS, IF AVAILAB         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information	LAST NAN # Allergies LAST NAN # LAST NAN #	AE CITY AE CITY CITY CITY	STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-RAYS, IF AVAILAB)         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         WORK PHONE
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS EMERGENCY ADDRESS FIRST NAME	LAST NAN # Allergies LAST NAN # LAST NAN # LAST NAN #	AE CITY AE CITY AE CITY AE CITY AE CITY	STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         ILTACH COPY OF DENTAL X-RAYS, IF AVAILAB         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS	LAST NAN # Allergies LAST NAN # LAST NAN # #	AE CITY AE CITY AE CITY AE CITY AE CITY	STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         ILLNESSES         PRIMARY PHONE         SECONDARY PHONE         IATTACH COPY OF DENTAL X-RAYS, IF AVAILAB         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS EMERGENCY ADDRESS FIRST NAME	LAST NAN # Allergies LAST NAN # LAST NAN # LAST NAN # LAST NAN #	AE CITY AE CITY AE CITY AE CITY AE CITY AE CITY	STATE STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         IATTACH COPY OF DENTAL X-RAYS, IF AVAILAB         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         Child's Friends	LAST NAN # Allergies LAST NAN # LAST NAN # LAST NAN # LAST NAN # ULAST NAN #	AE CITY CITY AE CITY AE CITY AE CITY AE CITY AE CITY	STATE STATE STATE STATE STATE STATE	PRIMARY PHONE   SECONDARY PHONE   IIInesses   PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   IATTACH COPY OF DENTAL X-RAYS, IF AVAILAB   PRIMARY PHONE   SECONDARY PHONE   VORK PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PARENT'S NAME   PARENT'S NAME   #
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FURST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FURST NAME         STREET ADDRESS         Child's Friends         NAME	LAST NAN # Allergies LAST NAN # LAST NAN # LAST NAN # LAST NAN # LAST NAN # UNAN	AE CITY CITY AE CITY CITY CITY AE CITY AE CITY AE CITY AE CITY AE CITY	STATE STATE STATE STATE STATE STATE	PRIMARY PHONE   SECONDARY PHONE   IIInesses   PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   (ATTACH COPY OF DENTAL X-RAYS, IF AVAILAB   PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   VORK PHONE   VORK PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   SECONDARY PHONE
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL	LAST NAN # Allergies LAST NAN # LAST NAN # LAST NAN # LAST NAN # ULAST NAN #	AE CITY CITY AE CITY CITY CITY AE CITY AE CITY AE CITY AE CITY AE CITY	STATE STATE STATE STATE STATE STATE	PRIMARY PHONE   SECONDARY PHONE   IIInesses   PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   IATTACH COPY OF DENTAL X-RAYS, IF AVAILAB   PRIMARY PHONE   SECONDARY PHONE   VORK PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PARENT'S NAME   PARENT'S NAME   #
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information	LAST NAN # Allergies LAST NAN # LAST NAN # LAST NAN # LAST NAN # LAST NAN # STREET A PRIMARY TEACHER	AE CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE   SECONDARY PHONE   IIInesses   PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   (ATTACH COPY OF DENTAL X-RAYS, IF AVAILAB   PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY	LAST NAN # Allergies LAST NAN # LAST NAN # LAST NAN # LAST NAN # LAST NAN # UNAN UNAN UNAN UNAN UNAN UNAN UNAN	AE CITY CITY AE CITY	STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE ILIINESSES PRIMARY PHONE SECONDARY PHONE IATTACH COPY OF DENTAL X-RAYS, IF AVAILAB PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE PARENT'S NAME PARENT'S NAME PARENT'S NAME
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY	LAST NAN # Allergies LAST NAN # LAST NAN # LAST NAN # LAST NAN # LAST NAN # STREET A PRIMARY TEACHER	AE CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE   SECONDARY PHONE   IIInesses   PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   (ATTACH COPY OF DENTAL X-RAYS, IF AVAILAB   PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE   PRIMARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE
MEDICAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY         AFTER-SCHOOL ACTIVITY         After-School Activities	LAST NAN # Allergies LAST NAN # LAST NAN # LAST NAN # LAST NAN # LAST NAN # UNAN UNAN UNAN UNAN UNAN UNAN UNAN	AE CITY CITY AE CITY	STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE IIIInesses PRIMARY PHONE SECONDARY PHONE IATTACH COPY OF DENTAL X-RAYS, IF AVAILAB PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PRIMARY PHONE SECONDARY PHONE PRIMARY PHONE PRIMARY PHONE SECONDARY PHONE PRIMARY PHONE SECONDARY
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         Dentist         FIRST NAME         STREET ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY	LAST NAN # Allergies LAST NAN # LAST NAN # LAST NAN # LAST NAN # LAST NAN # UNAN UNAN UNAN UNAN UNAN UNAN UNAN	AE CITY CITY AE CITY	STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE ILIINESSES PRIMARY PHONE SECONDARY PHONE IATTACH COPY OF DENTAL X-RAYS, IF AVAILAB PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE PARENT'S NAME PARENT'S NAME PARENT'S NAME

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STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE	
Mother's Home Address	Π	UTT	STATE	MOTHER'S CELL PHONE	
STREET ADDRESS	#	СІТҮ	STATE	MOTHER'S CEEE I HONE	
Mother's Primary Work Address	Π	UTT	STATE	MOTHER'S SECONDARY WORK PHONE	
STREET ADDRESS	#	СІТҮ	STATE	FATHER'S HOME PHONE	
Father's Home Address	#	CITT	STATE	FATHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMART WORK PHONE	
				FAITHER 5 SECONDART WORK PHONE	•• IDENTIFYING
LBS         COLOR         STYLE           Height         Weight         Hair	LENGTH	SHIRT Clothing	PANTS SHOE Size		CHARACTERIS
Physical Handicaps	Favorite	Activities	Favorite Foods		
Particular Mannerisms	Frequent	ly Visited Lc	ocations	Attach a current	
		)		photo of your	:
				child here	
				CHILD WEARS GLASSES	D
ndicate and describe identifying marks (bir	thmarks, so	cars, moles,	piercings, etc.)	Nickname(s) of Child	
ndicate and describe identifying marks (bir	thmarks, sc		piercings, etc.)	Nickname(s) of Child	MEDICAL
			piercings, etc.)		MEDICAL RECORDS
FIRST NAME	LAST NAM	IE		PRIMARY PHONE	
FIRST NAME STREET ADDRESS Primary Care Physician	#	CITY		PRIMARY PHONE SECONDARY PHONE	
FIRST NAME STREET ADDRESS	LAST NAM	CITY		PRIMARY PHONE	
FIRST NAME STREET ADDRESS Primary Care Physician	#	СІТҮ		PRIMARY PHONE SECONDARY PHONE	DENTAL
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	LAST NAM # Allergies	СІТҮ		PRIMARY PHONE SECONDARY PHONE Illnesses	
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME	LAST NAM # Allergies		STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE	DENTAL RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	LAST NAM # Allergies	IE CITY	STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE	DENTAL RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	LAST NAM # Allergies LAST NAM #	IE CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE IATTACH COPY OF DENTAL X-RAYS, IF AVAILAB	E OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME	LAST NAM # Allergies LAST NAM #	IE CITY	STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         IATTACH COPY OF DENTAL X-RAYS, IF AVAILABI         PRIMARY PHONE         PRIMARY PHONE	E OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS	LAST NAM # Allergies LAST NAM #	IE CITY CITY CITY CITY	STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-RAYS, IF AVAILAB)         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE	RECORDS DENTAL RECORDS E OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS PRIMARY WORK ADDRESS	LAST NAM # Allergies LAST NAM #	E CITY CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-RAYS, IF AVAILAB)         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE	E OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information	LAST NAM # Allergies LAST NAM # LAST NAM # #	E CITY CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         IATTACH COPY OF DENTAL X-RAYS, IF AVAILABI         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         WORK PHONE	E OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME	LAST NAM # Allergies LAST NAM # LAST NAM # #	E CITY CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         ILINESSES         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         VORK PHONE         WORK PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE	E OTHER CONTACT
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GENERAL	STREET ADDRESS Child's Home Address	#	CITY		STATE	CHILD'S HOME PHONE	
	STREET ADDRESS	#	СІТҮ		STATE	MOTHER'S HOME PHONE	
	Mother's Home Address					MOTHER'S CELL PHONE	
	STREET ADDRESS	#	CITY		STATE	MOTHER'S PRIMARY WORK PH	
	Mother's Primary Work Address					MOTHER'S SECONDARY WO	ORK PHONE
	STREET ADDRESS Father's Home Address	#	CITY		STATE	FATHER'S HOME PHONE	
	STREET ADDRESS	#	CITY		STATE	FATHER'S CELL PHONE FATHER'S PRIMARY WORK	PHONE
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RECORDS							
	STREET ADDRESS	#	CITY		STATE	SECONDARY PHONE	
	Primary Care Physician	#	CITY		STATE	SECONDARY PHONE	
		#	CITY		STATE	SECONDARY PHONE	
	Primary Care Physician	#	CITY		STATE		
		# Allergies	CITY		STATE	SECONDARY PHONE	
DENTAL	Primary Care Physician Medications	LAST NAME				Illnesses PRIMARY PHONE	
DENTAL RECORDS	Primary Care Physician Medications FIRST NAME STREET ADDRESS	LAST NAME			STATE	Illnesses       PRIMARY PHONE       SECONDARY PHONE	
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	Indicate and describe identifying marks (bir	rthmarks, scars, mo	les, piercings, etc.)	Nickname(s) of Child	
MEDICAL	Indicate and describe identifying marks (bir	thmarks, scars, mo	les, piercings, etc.)	Nickname(s) of Child	
MEDICAL RECORDS	FIRST NAME STREET ADDRESS		les, piercings, etc.) STATE	•••••	
	FIRST NAME	LAST NAME		PRIMARY PHONE	
	FIRST NAME STREET ADDRESS	LAST NAME		PRIMARY PHONE	
	FIRST NAME STREET ADDRESS Primary Care Physician	LAST NAME # CITY		PRIMARY PHONE SECONDARY PHONE	
	FIRST NAME STREET ADDRESS	LAST NAME		PRIMARY PHONE	
RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician	LAST NAME # CITY		PRIMARY PHONE SECONDARY PHONE	
RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications	LAST NAME # CITY Allergies		PRIMARY PHONE SECONDARY PHONE	
RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	LAST NAME # CITY Allergies LAST NAME # CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE	RAYS, IF AVAILABLE]
RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	LAST NAME # CITY Allergies LAST NAME # CITY	STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE	RAYS, IF AVAILABLE]
RECORDS DENTAL RECORDS OTHER	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	LAST NAME # CITY Allergies LAST NAME # CITY	STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE	RAYS, IF AVAILABLE]
RECORDS DENTAL RECORDS OTHER	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Applian	LAST NAME # CITY Allergies LAST NAME # CITY CITY	STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         IATTACH COPY OF DENTAL X-F	RAYS, IF AVAILABLE)
RECORDS DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Applian FIRST NAME	LAST NAME # CITY Allergies LAST NAME # CITY CCE IF YES LAST NAME	STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-1)         PRIMARY PHONE         PRIMARY PHONE	RAYS, IF AVAILABLE]
RECORDS DENTAL RECORDS OTHER	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Applian FIRST NAME STREET ADDRESS	LAST NAME # CITY Allergies LAST NAME # CITY CITY LAST NAME # CITY	STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-1)         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE	RAYS, IF AVAILABLE
RECORDS DENTAL RECORDS OTHER	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	LAST NAME # CITY Allergies LAST NAME # CITY CITY LAST NAME # CITY	STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-1)         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE	RAYS, IF AVAILABLE]
RECORDS DENTAL RECORDS OTHER	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information	LAST NAME # CITY Allergies LAST NAME # CITY TF YES LAST NAME # CITY # CITY	STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-1)         PRIMARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-1)         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE	RAYS, IF AVAILABLE]
RECORDS DENTAL RECORDS OTHER	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME	LAST NAME  # CITY  Allergies  LAST NAME	STATE STATE STATE , INDICATE TYPE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         WORK PHONE         WORK PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE	RAYS, IF AVAILABLE]
RECORDS DENTAL RECORDS OTHER	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Appliant         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Appliant         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS	LAST NAME # CITY  # CITY  Allergies  LAST NAME  Allergies  LAST NAME  # CITY  LAST NAME	STATE STATE STATE , INDICATE TYPE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-F)         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE	RAYS, IF AVAILABLE]
RECORDS DENTAL RECORDS OTHER	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         Dentist         Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME	LAST NAME  # CITY  Allergies  LAST NAME  Allergies  LAST NAME  # CITY  LAST NAME  # CITY  LAST NAME  # CITY  # CITY  # CITY  LAST NAME  # CITY	STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-F)         PRIMARY PHONE         SECONDARY PHONE         VORK PHONE         PRIMARY PHONE	RAYS, IF AVAILABLE]
RECORDS DENTAL RECORDS OTHER	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Appliant         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Appliant         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS	LAST NAME  # CITY  Allergies  LAST NAME  Allergies  LAST NAME  # CITY  LAST NAME  # CITY  LAST NAME  # CITY  # CITY  # CITY  LAST NAME  # CITY	STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-F)         PRIMARY PHONE         SECONDARY PHONE         VORK PHONE         PRIMARY PHONE	RAYS, IF AVAILABLE]
RECORDS DENTAL RECORDS OTHER	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Appliant         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Appliant         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS	LAST NAME  # CITY  Allergies  LAST NAME  Allergies  LAST NAME  # CITY  LAST NAME  LAST NAME  LAST NAME  LAST NAME  LAST NAME  LAST NAME  # CITY  Allergies  LAST NAME  Allergies  Allergies	STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-1)         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         PRIMARY PHONE         PARENT'S NAME         PARENT'S NAME	
RECORDS DENTAL RECORDS OTHER	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         Pentist         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL	LAST NAME  # CITY  Allergies  LAST NAME  Allergies  LAST NAME  # CITY  AU LAST NAME  IF YES  LAST NAME  IF YES  LAST NAME  IF YES  LAST NAME  IF YES  STREET ADUST	STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         PRIMARY PHONE         SECONDARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PARENT'S NAME         PARENT'S NAME         PARENT'S NAME         #       CITY	
RECORDS DENTAL RECORDS OTHER	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         Pentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME	LAST NAME         #       CITY         #       CITY         Allergies       CITY         Allergies       I         Allergies       I         Allergies       I         Allergies       I         IAST NAME	STATE	PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   Illnesses   PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   SECONDARY PHONE   SECONDARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE	
RECORDS DENTAL RECORDS OTHER	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY	LAST NAME         #       CITY         #       CITY         Allergies       CITY         Allergies       I         Allergies       I         Allergies       I         Allergies       I         IAST NAME	STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   Illnesses   PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   SECONDARY PHONE   SECONDARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE	
RECORDS DENTAL RECORDS OTHER	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY         AFTER-SCHOOL ACTIVITY	LAST NAME  # CITY  # CITY  Allergies  LAST NAME  Allergies  LAST NAME  # CITY  Allergies  LAST NAME  # CITY  LAST NAME  H CITY  Allergies  STREET ADURSS PRIMARY H I LAST NAME  TEACHER'S NAME	STATE	PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-1)         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PARENT'S NAME         PARENT'S NAME         PARENT'S NAME         PARENT'S NAME         PRIMARY PHONE         PARENT'S NAME         PRIMARY PHONE         PARENT'S NAME         PRIMARY PHONE         PARENT'S NAME	STATE
RECORDS DENTAL RECORDS OTHER	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY         AFTER-SCHOOL ACTIVITY         AFTER-SCHOOL ACTIVITY	LAST NAME CITY  # CITY  Allergies  Allergies  LAST NAME  Allergies  Allergies	STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         Illnesses         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-1)         PRIMARY PHONE         SECONDARY PHONE         VORK PHONE         PRIMARY PHONE         PARENT'S NAME         PRIMARY PHONE         PARENT'S NAME         PRIMARY PHONE         PARENT'S NAME         PRINCIPAL'S NAME	STATE
RECORDS DENTAL RECORDS OTHER	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY         AFTER-SCHOOL ACTIVITY         After-School Activities         FIRST NAME	LAST NAME         #       CITY         #       CITY         Allergies       CITY         Allergies       CITY         Allergies       CITY         IAST NAME       CITY         IA	STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         IIInesses         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         PRIMARY PHONE         SECONDARY PHONE         PRIMARY         PRIMARY         PRIMARY         PRIMARY         PRIMARY         PRIMARY         PRIMARY	STATE
RECORDS DENTAL RECORDS OTHER	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY         STREET ADDRESS	LAST NAME CITY  # CITY  Allergies  Allergies  LAST NAME  Allergies  Allergies	STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         Illnesses         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         (ATTACH COPY OF DENTAL X-1)         PRIMARY PHONE         SECONDARY PHONE         VORK PHONE         PRIMARY PHONE         PARENT'S NAME         PRIMARY PHONE         PARENT'S NAME         PRIMARY PHONE         PARENT'S NAME         PRINCIPAL'S NAME	STATE
RECORDS DENTAL RECORDS OTHER	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY         AFTER-SCHOOL ACTIVITY         After-School Activities         FIRST NAME	LAST NAME         #       CITY         #       CITY         Allergies       CITY         Allergies       CITY         Allergies       CITY         IAST NAME       CITY         IA	STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         IIInesses         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         PRIMARY PHONE         SECONDARY PHONE         PRIMARY         PRIMARY         PRIMARY         PRIMARY         PRIMARY         PRIMARY         PRIMARY	STATE
RECORDS DENTAL RECORDS OTHER	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Applian         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY         STREET ADDRESS	LAST NAME         #       CITY         #       CITY         Allergies       CITY         Allergies       CITY         Allergies       CITY         IAST NAME       CITY         IA	STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE         SECONDARY PHONE         IIInesses         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         PRIMARY PHONE         SECONDARY PHONE         PRIMARY         PRIMARY         PRIMARY         PRIMARY         PRIMARY         PRIMARY         PRIMARY	STATE

STREET ADDRESS	#	СІТҮ		STATE	CHILD'S HOME PHONE		GENERAL INFORMATION
Child's Home Address					CHILD'S CELL PHONE		
STREET ADDRESS Mother's Home Address	#	CITY		STATE	MOTHER'S HOME PHONE		
STREET ADDRESS	#	СІТҮ		STATE	MOTHER'S CELL PHONE MOTHER'S PRIMARY WORK PHONE		
Mother's Primary Work Address	#	CITY		STATE	MOTHER'S SECONDARY WORK PHONE	HONE	
STREET ADDRESS	#	CITY		STATE	FATHER'S HOME PHONE		
Father's Home Address					FATHER'S CELL PHONE		
STREET ADDRESS	#	CITY		STATE	FATHER'S PRIMARY WORK PHON	١E	
Father's Primary Work Address					FATHER'S SECONDARY WORK PH	HONE	
, " LBS COLOR STYLE	LENGTH	SHIRT	PANTS	SHOE	•	•••••	IDENTIFYING CHARACTERIS
Height Weight Hair		Clothing					TICS
Physical Handicaps	Favorite A	Activities	Favorite	Foods	_		
	_						
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Particular Mannerisms	Frequent	y Visited Lo	ocations				
FRONT		-			 Attach a cu	urrent	
	BACK	<b>`</b>			photo of y	•	
24		2			child he	•	
		$\left( \right) $			• • • • • • • • • • • • • • • •		
		10			CHILD WEARS GLASS		
Indicate and describe identifying marks (bi	rthmarks. sca	ors. moles.	niercinas	oto l	Nickname(s) of Child		
			pierenigs,	elc.j			
	,,		pierenigs,		•••••		•••••
FIRST NAME	LAST NAME		prerenings,		PRIMARY PHONE		
FIRST NAME STREET ADDRESS			prerenings,	STATE	PRIMARY PHONE SECONDARY PHONE		MEDICAL RECORDS
FIRST NAME		E	pierenigs,				
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FIRST NAME STREET ADDRESS		E	pierenings,				
FIRST NAME STREET ADDRESS Primary Care Physician	#	E CITY			SECONDARY PHONE		RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	LAST NAM! # Allergies	E CITY			SECONDARY PHONE  Illnesses  PRIMARY PHONE SECONDARY PHONE		RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	LAST NAME # Allergies LAST NAME #	E CITY E CITY		STATE	SECONDARY PHONE Illnesses PRIMARY PHONE	YS, IF AVAILABLE]	RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	LAST NAME # Allergies LAST NAME #	E CITY E CITY	DICATE TYPE	STATE	SECONDARY PHONE  Illnesses  PRIMARY PHONE SECONDARY PHONE	YS, IF AVAILABLE]	RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	LAST NAME # Allergies LAST NAME #	E CITY E CITY IF YES, INI		STATE	SECONDARY PHONE  Illnesses  PRIMARY PHONE SECONDARY PHONE	YS, IF AVAILABLE]	RECORDS DENTAL RECORDS OTHER
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Applian	LAST NAME # Allergies LAST NAME #	E CITY E CITY IF YES, INI		STATE	SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RA	YS, IF AVAILABLE)	RECORDS DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	LAST NAME # Allergies LAST NAME #	E CITY CITY IF YES, INI E		STATE	SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAY PRIMARY PHONE	YS, IF AVAILABLE]	RECORDS DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information	LAST NAMI # Allergies LAST NAMI # CCE LAST NAMI # U	E CITY CITY CITY E CITY CITY		STATE STATE STATE	SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE (ATTACH COPY OF DENTAL X-RAY PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE WORK PHONE	YS, IF AVAILABLE]	RECORDS DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME	CEE	E CITY CITY CITY CITY CITY CITY CITY		STATE STATE STATE STATE STATE	SECONDARY PHONE  Illnesses  PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAT PRIMARY PHONE SECONDARY PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE	YS, IF AVAILABLE]	RECORDS DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS	CCE LAST NAME # CLAST NAME # CLAST NAME # CLAST NAME # CLAST NAME # CLAST NAME # CLAST NAME # CLAST NAME #	E CITY CITY CITY CITY CITY CITY CITY CITY		STATE STATE STATE	SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE (ATTACH COPY OF DENTAL X-RAY PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE PARENT'S NAME	YS, IF AVAILABLE]	RECORDS DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist I Wears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS EMERGENCY ADDRESS EME	CCE	E CITY CITY CITY CITY CITY CITY CITY CITY CITY		STATE STATE STATE STATE STATE	SECONDARY PHONE SECONDARY PHONE ILLINESSES PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAT PRIMARY PHONE SECONDARY PHONE PRIMARY PHONE	YS, IF AVAILABLE]	RECORDS DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS	CCE LAST NAME # CLAST NAME # CLAST NAME # CLAST NAME # CLAST NAME # CLAST NAME # CLAST NAME # CLAST NAME #	E CITY CITY CITY CITY CITY CITY CITY CITY		STATE STATE STATE STATE STATE	SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE (ATTACH COPY OF DENTAL X-RAY PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE PARENT'S NAME	YS, IF AVAILABLE]	RECORDS DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist I Wears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS	CCE	E CITY CITY CITY CITY CITY CITY CITY CITY		STATE STATE STATE STATE STATE	SECONDARY PHONE SECONDARY PHONE ILLINESSES PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAT PRIMARY PHONE SECONDARY PHONE PRIMARY PHONE	YS, IF AVAILABLE]	RECORDS DENTAL RECORDS OTHER CONTACT
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FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist I Wears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends	LAST NAME # Allergies LAST NAME # CCE LAST NAME # LAST NAME # U LAST NAME # U LAST NAME	E CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY		STATE STATE STATE STATE STATE	SECONDARY PHONE  PRIMARY PHONE  SECONDARY PHONE  SECONDARY PHONE  ATTACH COPY OF DENTAL X-RA  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PARENT'S NAME  PARENT'S NAME  ## CITY		RECORDS DENTAL RECORDS OTHER CONTACT
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FIRST NAME   STREET ADDRESS   Primary Care Physician   Medications   FIRST NAME   STREET ADDRESS   Dentist   I Wears Braces or Other Dental Applian   FIRST NAME   STREET ADDRESS   PRIMARY WORK ADDRESS   Emergency Adult Contact Information   FIRST NAME   STREET ADDRESS   Child's Friends   NAME   PRIMARY ROUTE TO SCHOOL   School Information   AFTER-SCHOOL ACTIVITY   After-School Activities   FIRST NAME   STREET ADDRESS	LAST NAME # Allergies LAST NAME # CC LAST NAME # CC LAST NAME # CC LAST NAME # CC CC CC CC CC CC CC CC CC	E CITY CIT	DICATE TYPE	STATE         STATE	SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE ATTACH COPY OF DENTAL X-RA PRIMARY PHONE SECONDARY PHONE PRIMARY PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME I I I I I I I I I I I I I I I I I I I	STATE	RECORDS DENTAL RECORDS OTHER CONTACT
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FIRST NAME   STREET ADDRESS   Primary Care Physician   Medications   FIRST NAME   STREET ADDRESS   Dentist   I Wears Braces or Other Dental Applian   FIRST NAME   STREET ADDRESS   PRIMARY WORK ADDRESS   Emergency Adult Contact Information   FIRST NAME   STREET ADDRESS   Child's Friends   NAME   PRIMARY ROUTE TO SCHOOL   School Information   AFTER-SCHOOL ACTIVITY   After-School Activities   FIRST NAME   STREET ADDRESS	LAST NAME # Allergies LAST NAME # CC LAST NAME # CC LAST NAME # CC LAST NAME # CC CC CC CC CC CC CC CC CC	E CITY CIT	DICATE TYPE	STATE         DURESS	SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE (ATTACH COPY OF DENTAL X-RAY PRIMARY PHONE SECONDARY PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRINCIPAL'S NAME PRINCIPAL'S NAME	STATE	RECORDS DENTAL RECORDS OTHER
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GENERAL FORMATION	STREET ADDRESS	# CITY			
	Child's Home Address			CHILD'S CELL PHONE	
	STREET ADDRESS	# CITY	STATE	MOTHER'S HOME PHONE	
	Mother's Home Address			MOTHER'S CELL PHONE	
	STREET ADDRESS	# CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
	Mother's Primary Work Address			MOTHER'S SECONDARY WORK	PHONE
	STREET ADDRESS	# CITY	STATE	FATHER'S HOME PHONE	
	Father's Home Address			FATHER'S CELL PHONE	
	STREET ADDRESS	# CITY	STATE	FATHER'S PRIMARY WORK PHO	INE
	Father's Primary Work Address			FATHER'S SECONDARY WORK F	PHONE
RACTERIS-	' " LBS COLOR STYLE	LENGTH SHIRT	PANTS SHOE		
TICS	Height Weight Hair	Clothir	ng Size	_	
	Physical Handicaps Particular Mannerisms FRONT	Favorite Activities		Attach a c photo of child h	your ere ses
	Indicate and describe identifying marks (bir	thmarks, scars, mol	es niercinas etc.)	Nickname(s) of Child	
••••••	·····			••••• ••••••••••••••••••••••••••••	
MEDICAL	FIRST NAME	LAST NAME		PRIMARY PHONE	
MEDICAL RECORDS	FIRST NAME STREET ADDRESS		STATE	PRIMARY PHONE SECONDARY PHONE	
MEDICAL RECORDS	FIRST NAME	LAST NAME			
MEDICAL RECORDS	FIRST NAME STREET ADDRESS	LAST NAME			
MEDICAL RECORDS	FIRST NAME STREET ADDRESS	LAST NAME			
MEDICAL RECORDS	FIRST NAME STREET ADDRESS	LAST NAME			
RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician	LAST NAME # CITY		SECONDARY PHONE	
MEDICAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications	LAST NAME # CITY		SECONDARY PHONE	
RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME	LAST NAME # CITY Allergies LAST NAME	STATE	SECONDARY PHONE  Illnesses PRIMARY PHONE	AYS, IF AVAILABLE]
RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	LAST NAME # CITY Allergies LAST NAME # CITY	STATE	SECONDARY PHONE  SECONDARY PHONE SECONDARY PHONE	AYS, IF AVAILABLE]
RECORDS DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Appliance	LAST NAME # CITY Allergies LAST NAME # CITY Ce IF YES,	STATE	SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R	AYS, IF AVAILABLE]
DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	LAST NAME # CITY Allergies LAST NAME # CITY	STATE	SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R PRIMARY PHONE	AYS, IF AVAILABLE]
RECORDS DENTAL RECORDS OTHER	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Appliance FIRST NAME	LAST NAME # CITY # CITY Allergies LAST NAME # CITY	STATE STATE INDICATE TYPE	SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R	AYS, IF AVAILABLE]
DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist I Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS	LAST NAME # CITY  # CITY  Allergies LAST NAME # CITY  LAST NAME LAST NAME LAST NAME LAST NAME LAST NAME	STATE STATE INDICATE TYPE STATE	SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE FINARY PHONE FINARY PHONE FINARY PHONE SECONDARY PHONE SECONDARY PHONE	AYS, IF AVAILABLE]
DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	LAST NAME # CITY  # CITY  Allergies LAST NAME # CITY  LAST NAME LAST NAME LAST NAME LAST NAME LAST NAME	STATE STATE INDICATE TYPE STATE	SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE FINARY PHONE FINARY PHONE FINARY PHONE SECONDARY PHONE SECONDARY PHONE	AYS, IF AVAILABLE]
DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information	LAST NAME # CITY # CITY Allergies LAST NAME # CITY  LAST NAME # CITY  LAST NAME # CITY # CITY #	STATE STATE INDICATE TYPE STATE	SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE (ATTACH COPY OF DENTAL X-R PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE WORK PHONE	AYS, IF AVAILABLE]
DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME	LAST NAME  # CITY  Allergies  LAST NAME	STATE STATE NDICATE TYPE STATE STATE STATE	SECONDARY PHONE  SECONDARY PHONE  PRIMARY PHONE  EXTACH COPY OF DENTAL X-R  PRIMARY PHONE  SECONDARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE	AYS, IF AVAILABLE]
DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS	LAST NAME         #       CITY         #       CITY         Allergies       Image: City         LAST NAME       CITY         #       CITY         Image: City       Image: City	STATE STATE NDICATE TYPE STATE STATE STATE	SECONDARY PHONE  Illnesses  PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R  PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE	AYS, IF AVAILABLE]
DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS FIRST NAME	LAST NAME         #       CITY         #       CITY         Allergies       Interpreterm         Allergies       Interpreterm         Allergies       Interpreterm         LAST NAME       Interpreterm         #       CITY         Interpreterm       Interpreterm         LAST NAME       Interpreterm         LAST NAME       CITY         #       CITY         #       CITY         #       CITY         #       CITY         #       CITY	STATE STATE INDICATE TYPE STATE STATE STATE STATE STATE	SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE (ATTACH COPY OF DENTAL X-R PRIMARY PHONE SECONDARY PHONE PRIMARY PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PRIMARY PHONE	AYS, IF AVAILABLE]
DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         Perimary Work ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS	LAST NAME         #       CITY         #       CITY         Allergies       Interpreterm         Allergies       Interpreterm         Allergies       Interpreterm         LAST NAME       Interpreterm         #       CITY         Interpreterm       Interpreterm         LAST NAME       Interpreterm         LAST NAME       CITY         #       CITY         #       CITY         #       CITY         #       CITY         #       CITY	STATE STATE INDICATE TYPE STATE STATE STATE STATE STATE	SECONDARY PHONE  SECONDARY PHONE  SECONDARY PHONE  SECONDARY PHONE  PRIMARY PHONE	AYS, IF AVAILABLE]
DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         Perimary Work ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS	LAST NAME         #       CITY         #       CITY         Allergies       Image: City         Image: City       Image: C	STATE STATE INDICATE TYPE STATE STATE STATE STATE STATE	SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R PRIMARY PHONE SECONDARY PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME	
DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends	LAST NAME         #       CITY         #       CITY         Allergies       I         Allergies       I         Allergies       I         IAST NAME       ITY         #       CITY         IAST NAME       ITY         IAST NAME       ITY         IAST NAME       ITY         #       CITY         #       CITY </td <td>STATE STATE INDICATE TYPE STATE STATE STATE STATE STATE</td> <td>SECONDARY PHONE  Illnesses  PRIMARY PHONE SECONDARY PHONE  EATTACH COPY OF DENTAL X-R  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PARENT'S NAME  PARENT'S NAME  ## CITY</td> <td></td>	STATE STATE INDICATE TYPE STATE STATE STATE STATE STATE	SECONDARY PHONE  Illnesses  PRIMARY PHONE SECONDARY PHONE  EATTACH COPY OF DENTAL X-R  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PARENT'S NAME  PARENT'S NAME  ## CITY	
DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         Pentist         Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         NAME	LAST NAME         #       CITY         #       CITY         Allergies       CITY         Allergies       CITY         Allergies       CITY         IAST NAME       CITY         IA	STATE STATE INDICATE TYPE STATE STATE STATE STATE STATE	SECONDARY PHONE  SECONDARY PHONE  PRIMARY PHONE  SECONDARY PHONE  IATTACH COPY OF DENTAL X-R  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PARENT'S NAME  PRIMARY PHONE  ## CITY  SECONDARY PHONE	
DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         PRIMARY MORESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL	LAST NAME         #       CITY         #       CITY         Allergies       CITY         Allergies       CITY         Allergies       CITY         IAST NAME       CITY         IA	STATE STATE INDICATE TYPE STATE STATE STATE STATE STATE	SECONDARY PHONE  SECONDARY PHONE  PRIMARY PHONE  SECONDARY PHONE  IATTACH COPY OF DENTAL X-R  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PARENT'S NAME  PRIMARY PHONE  ## CITY  SECONDARY PHONE	
DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         Perimary Work ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information	LAST NAME         #       CITY         #       CITY         Allergies       I         Allergies       I         Allergies       I         IAST NAME       ITY	STATE	SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE PRIMARY PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME ## CITY SECONDARY PHONE PRINCIPAL'S NAME	STATE
DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY	LAST NAME       #     CITY       #     CITY       Allergies        Allergies        Allergies        IAST NAME        IAST NAME <td< td=""><td>STATE         STATE         STATE</td><td>SECONDARY PHONE  IIIInesses  PRIMARY PHONE  SECONDARY PHONE  SECONDARY PHONE  ATTACH COPY OF DENTAL X-R  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PARENT'S NAME  PRIMARY PHONE  CITY  CITY</td><td>STATE</td></td<>	STATE	SECONDARY PHONE  IIIInesses  PRIMARY PHONE  SECONDARY PHONE  SECONDARY PHONE  ATTACH COPY OF DENTAL X-R  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PARENT'S NAME  PRIMARY PHONE  CITY  CITY	STATE
DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY	LAST NAME       #     CITY       #     CITY       Allergies        Allergies        Allergies        IAST NAME        IAST NAME <td< td=""><td>STATE         STATE         STATE</td><td>SECONDARY PHONE  IIIInesses  PRIMARY PHONE  SECONDARY PHONE  SECONDARY PHONE  ATTACH COPY OF DENTAL X-R  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PARENT'S NAME  PRIMARY PHONE  CITY  CITY</td><td>STATE</td></td<>	STATE	SECONDARY PHONE  IIIInesses  PRIMARY PHONE  SECONDARY PHONE  SECONDARY PHONE  ATTACH COPY OF DENTAL X-R  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PRIMARY PHONE  PARENT'S NAME  PRIMARY PHONE  CITY  CITY	STATE
DENTAL RECORDS	FIRST NAME         STREET ADDRESS         Primary Care Physician         Medications         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         Dentist         I Wears Braces or Other Dental Appliance         FIRST NAME         STREET ADDRESS         PRIMARY WORK ADDRESS         Emergency Adult Contact Information         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         FIRST NAME         STREET ADDRESS         Child's Friends         NAME         PRIMARY ROUTE TO SCHOOL         School Information         AFTER-SCHOOL ACTIVITY         AFTER-SCHOOL ACTIVITY         After-School Activities	LAST NAME         #       CITY         #       CITY         Allergies       I         Allergies       I         LAST NAME       ITY         I       #       CITY         I       Allergies       I         I       Allergies       ITY         I       Allergies       I         I       AST NAME       I         I       AST NAME       ITY         I       ITY <td>STATE         STATE         STATE</td> <td>SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE PRIMARY PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME RATE SECONDARY PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE CITY CITY CITY CITY CITY</td> <td>STATE</td>	STATE	SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE PRIMARY PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME RATE SECONDARY PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE CITY CITY CITY CITY CITY	STATE
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MEDICAL	FIRST NAME				LAST NAM	1 F		PRIMARY PHONE	
MEDICAL RECORDS	STREET ADDRE				#	СІТҮ	STATE	SECONDARY PHONE	
	Primary Care		an						
	Medications				Allergies	5		Illnesses	
						•••••		······l	
DENTAL RECORDS	FIRST NAME	55			LAST NAM	1E	STATE	PRIMARY PHONE	
DENTAL RECORDS		:SS				•••••	STATE	PRIMARY PHONE SECONDARY PHONE	NTAL X-RAYS, IF AVAILABLE]
DENTAL RECORDS	FIRST NAME STREET ADDRE Dentist		lther Den	tal Applianc	LAST NAN #	1E CITY	STATE NDICATE TYPE	PRIMARY PHONE SECONDARY PHONE	NTAL X-RAYS, IF AVAILABLE]
RECORDS	FIRST NAME STREET ADDRE Dentist		Ither Den	tal Applianc	LAST NAM #	IE CITY IF YES, II		PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DEI	NTAL X-RAYS, IF AVAILABLE]
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Child's Llanse Adduses	#	CITY	STATE	CHILD'S HOME PHONE	GENERAL
Child's Home Address				CHILD'S CELL PHONE	
STREET ADDRESS Mother's Home Address	#	CITY	STATE	MOTHER'S HOME PHONE	
				MOTHER'S CELL PHONE	
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
				MOTHER'S SECONDARY WORK PHONE	
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE	
				FATHER'S CELL PHONE	
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
				FATHER'S SECONDARY WORK PHONE	
LBS COLOR STYLE	LENGTH	SHIRT PANTS	SHOE	-	CHARACTERIS     TICS
Height Weight Hair		Clothing Size			:
	_				
	_				
Physical Handicaps	Favorite A	Activitios			:
	Favorite #			- :	
					:
Particular Mannerisms	Frequent	ly Visited Locations			
				Attach a current	
FRONT	BACI	×		photo of your	
				child here	
				CHILD WEARS GLASSES	
		40		CHILD WEARS CONTACT LENSES	5
		l			
Indicate and describe identifying marks (bi	rthmarks, sc	ars, moles, piercings,	etc.)	Nickname(s) of Child	
FIRST NAME	LAST NAM	E		PRIMARY PHONE	MEDICAL
STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE	RECORDS
Primary Care Physician	#	СІТҮ	STATE	SECONDARY PHONE	
	#	CITY	STATE	SECONDARY PHONE	
Primary Care Physician		CITY	STATE		
	# Allergies	CITY	STATE	SECONDARY PHONE Illnesses	
Primary Care Physician			STATE		DENTAL
Primary Care Physician Medications FIRST NAME STREET ADDRESS	Allergies		STATE	Illnesses       PRIMARY PHONE       SECONDARY PHONE	RECORDS
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	Allergies	E CITY	STATE	Illnesses PRIMARY PHONE	RECORDS
Primary Care Physician Medications FIRST NAME STREET ADDRESS	Allergies	E	STATE	Illnesses       PRIMARY PHONE       SECONDARY PHONE	RECORDS
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	Allergies	E CITY IF YES, INDICATE TYPE	STATE	Illnesses       PRIMARY PHONE       SECONDARY PHONE	ABLE)
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist U Wears Braces or Other Dental Applian	Allergies LAST NAM #	E CITY IF YES, INDICATE TYPE	STATE	Illnesses         PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAIL/	ABLE) OTHER CONTACT
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Uears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	Allergies LAST NAM #	E CITY IF YES, INDICATE TYPE E	STATE	Illnesses         PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAIL)         PRIMARY PHONE	ABLE) OTHER CONTACT
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Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME	Allergies LAST NAM # CCE LAST NAM # LAST NAM # LAST NAM #	E CITY IF YES, INDICATE TYPE CITY CITY CITY CITY	STATE STATE STATE	Illnesses         PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAIL.]         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         WORK PHONE         PRIMARY PHONE	ABLE) OTHER CONTACT
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Applian FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS	Allergies LAST NAM # LAST NAM # LAST NAM # LAST NAM #	E CITY IF YES, INDICATE TYPE CITY CITY CITY CITY	STATE STATE STATE	Illnesses         PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAIL/         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE         PARENT'S NAME	ABLE) OTHER CONTACT
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Applian FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME	Allergies LAST NAM # CCC LAST NAM # CCC LAST NAM # CCC LAST NAM # CCCC LAST NAM # CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	E CITY IF YES, INDICATE TYPE CITY CITY CITY CITY E CITY	STATE STATE STATE STATE	Illnesses         PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAIL.]         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE	ABLE) OTHER CONTACT
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Applian FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS	Allergies LAST NAM # CCC LAST NAM # CCC LAST NAM # CCC LAST NAM # CCCC LAST NAM # CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	E CITY IF YES, INDICATE TYPE CITY CITY CITY CITY CITY CITY	STATE STATE STATE STATE	Illnesses         PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAIL.]         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE	RECORDS
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist UWears Braces or Other Dental Applian FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME	Allergies LAST NAM # CCE LAST NAM # LAST NAM # LAST NAM # LAST NAM #	E CITY IF YES, INDICATE TYPE CITY CITY CITY CITY CITY CITY	STATE STATE STATE STATE	Illnesses         PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAIL         PRIMARY PHONE         SECONDARY PHONE         WORK PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PRIMARY PHONE         PARENT'S NAME         PRIMARY PHONE         PARENT'S NAME	RECORDS
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Primary Care Physician  Medications  FIRST NAME  STREET ADDRESS Dentist  Wears Braces or Other Dental Applian  FIRST NAME  STREET ADDRESS Emergency Adult Contact Information  FIRST NAME  STREET ADDRESS FIRST NAME  STREET ADDRESS Child's Friends  NAME  PRIMARY ROUTE TO SCHOOL  School Information	Allergies LAST NAM # CCE CCE CCE CCE CCE CCE CCE CCE CCE C	E CITY IF YES, INDICATE TYPE CITY CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE STATE STATE STATE	Illnesses         PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAILATION OF DENTAL X-RAYS, IF AVAILATION, IT AVAILATION, IT AVAILATION, IT AVAILATION, IT AVAILATION, IT AVAI	RECORDS
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Primary Care Physician  Primary Care Physician  Medications  FIRST NAME  STREET ADDRESS Dentist  Wears Braces or Other Dental Applian  FIRST NAME  STREET ADDRESS Emergency Adult Contact Information  FIRST NAME  STREET ADDRESS FIRST NAME  STREET ADDRESS Child's Friends  NAME  PRIMARY ROUTE TO SCHOOL  School Information  AFTER-SCHOOL ACTIVITY  AFTER-SCHOOL ACTIVITY	Allergies LAST NAM # CCE CCE CCE CCE CCE CCE CCE CCE CCE C	E CITY IF YES, INDICATE TYPE CITY CITY CITY CITY CITY CITY CITY CITY	STATE         STATE	Illnesses         PRIMARY PHONE         SECONDARY PHONE         [ATTACH COPY OF DENTAL X-RAYS, IF AVAILATION OF DENTAL X-RAYS, IF AVAILATION, IT AVAILATION, IT AVAILATION, IT AVAILATION, IT AVAILATION, IT AVAI	RECORDS
Primary Care Physician  Medications  FIRST NAME  STREET ADDRESS Dentist  Wears Braces or Other Dental Applian  FIRST NAME  STREET ADDRESS Emergency Adult Contact Information  FIRST NAME  STREET ADDRESS FIRST NAME  STREET ADDRESS Child's Friends  NAME  PRIMARY ROUTE TO SCHOOL  School Information	Allergies Allerg	E       CITY         CITY       IF YES, INDICATE TYPE         IF YES, INDICATE TYPE       CITY         CITY       CITY <td>STATE         STATE         STATE</td> <td>Illnesses   PRIMARY PHONE   SECONDARY PHONE   IATTACH COPY OF DENTAL X-RAYS, IF AVAILA   PRIMARY PHONE   SECONDARY PHONE   WORK PHONE   PRIMARY PHONE   PARENT'S NAME</td> <td>RECORDS</td>	STATE         STATE	Illnesses   PRIMARY PHONE   SECONDARY PHONE   IATTACH COPY OF DENTAL X-RAYS, IF AVAILA   PRIMARY PHONE   SECONDARY PHONE   WORK PHONE   PRIMARY PHONE   PARENT'S NAME	RECORDS
Primary Care Physician  Primary Care Physician  Medications  FIRST NAME  STREET ADDRESS Dentist  Wears Braces or Other Dental Applian  FIRST NAME  STREET ADDRESS Emergency Adult Contact Information  FIRST NAME  STREET ADDRESS FIRST NAME  STREET ADDRESS Child's Friends  NAME  PRIMARY ROUTE TO SCHOOL  School Information  AFTER-SCHOOL ACTIVITY  AFTER-SCHOOL ACTIVITY	Allergies Allerg	E       CITY         CITY       IF YES, INDICATE TYPE         IF YES, INDICATE TYPE       CITY         CITY       CITY <td>STATE         STATE         STATE</td> <td>Illnesses   PRIMARY PHONE   SECONDARY PHONE   IATTACH COPY OF DENTAL X-RAYS, IF AVAILA   PRIMARY PHONE   SECONDARY PHONE   WORK PHONE   PRIMARY PHONE   PARENT'S NAME</td> <td>RECORDS</td>	STATE         STATE	Illnesses   PRIMARY PHONE   SECONDARY PHONE   IATTACH COPY OF DENTAL X-RAYS, IF AVAILA   PRIMARY PHONE   SECONDARY PHONE   WORK PHONE   PRIMARY PHONE   PARENT'S NAME	RECORDS

	AFTER-SCH	IOOL ACTIVIT	Y							
					DAYS	TIME	STREET ADDRE	SS	CITY	STATE
	School Inf		502		TEACHER	US NAME			TRINGILAE SINAME	
	NAME PRIMARY RI	OUTE TO SCH			PRIMARY	PHONE			SECONDARY PHONE PRINCIPAL'S NAME	
					STREET #				# CITY	STATE
	Child's Fri	ends								
	STREET AD				#	CITY	ST	ATE	PARENT'S NAME	
	FIRST NAM				LAST NA				PRIMARY PHONE	
	STREET AD				#	CITY	ST	ATE	PRIMARY PHONE PARENT'S NAME	
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CONTACT FORMATION	STREET AD				#	CITY		ATE	SECONDARY PHONE	
OTHER	FIRST NAM	E			LAST NA	ME			PRIMARY PHONE	
	U Wears	Braces or C	)ther Dei	ntal Applian	ce	IF YES, II	NDICATE TYPE			
	Dentist								[ATTACH COPY OF DENTAL X-	RAYS, IF AVAILABLE]
RECORDS	STREET AD				#	CITY	ST	ATE	SECONDARY PHONE	
DENTAL	FIRST NAM	E			LAST NA	ME			PRIMARY PHONE	
	Medicatio	ns			Allergie	s			Illnesses	
		ernysici								
NECOND3	STREET AD Primary C	DRESS are Physicia	an		#	CITY	ST	ATE	SECONDARY PHONE	
MEDICAL RECORDS	FIRST NAM				LAST NA				PRIMARY PHONE	
	mulcate an	u uescribe i	identifyin	iy marks (bii	unnarks, s	cars, mole	s, piercings, etc.)		Nickname(s) of Child	
	La 2 <sup>1</sup> - 1	44				Ų –				
						\ {}			CHILD WEARS GLASS CHILD WEARS CONTA	
						5			child I	nere
				FRONT	BA	ск			photo o	f your
	Particular	Mannerism	าร		Frequer	ntly Visited	Locations		Attach a	current
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	- Hysical F	anaicaps			avorite	Activities				
	Physical H	landicane			Favorito	Activities				
IARACTERIS- TICS	Height	Weight	Hair	JILL	LENOTH	Clothing				
DENTIFYING	<i>ı</i> 11	LBS		STYLE	LENGTH	SHIRT	PANTS SH			
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	Father's H	lome Addre	SS						FATHER'S CELL PHONE	
	STREET AD	-			#	CITY	ST	ATE	FATHER'S HOME PHONE	
	STREET AD Mother's F	DRESS Primary Wol	rk Addre:	SS	#	CITY	ST	ATE	MOTHER'S PRIMARY WORK PHON MOTHER'S SECONDARY WOR	
		Home Addre	ess						MOTHER'S CELL PHONE	
	STREET AD				#	CITY	ST	ATE	MOTHER'S HOME PHONE	
	Child's Ho	me Address	S						CHILD'S CELL PHONE	

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STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE		GENERAL INFORMATION
Child's Home Address				CHILD'S CELL PHONE		
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHON	E	
Mother's Home Address				MOTHER'S CELL PHONE		
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK	( PHONE	
				MOTHER'S SECONDARY		
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONI	E	
		OLTY	CTATE	FATHER'S CELL PHONE		
STREET ADDRESS Father's Primary Work Address	Ħ	CITY	STATE	FATHER'S PRIMARY WO		
union for the style styl	LENGTH	SHIRT Clothing	PANTS SHOE			IDENTIFYING CHARACTERIS TICS
Physical Handicaps	Favorite A	Activities				
Particular Mannerisms	Frequent	ly Visited Lo	ocations	Attach	n a current	
FRONT	BACI	ĸ		phot	to of your	
				: chi	ild here	
				CHILD WEARS	GLASSES CONTACT LENSES	
Indicate and describe identifying marks (t	pirthmarks, sc	ars, moles,	piercings, etc.)	Nickname(s) of C	Child	
Indicate and describe identifying marks (b	Dirthmarks, sc LAST NAM		piercings, etc.)	Nickname(s) of C	Shild	MEDICAL
			piercings, etc.)	•••••	Shild	MEDICAL RECORDS
FIRST NAME		E		PRIMARY PHONE	Shild	
FIRST NAME STREET ADDRESS		E		PRIMARY PHONE	Shild	
FIRST NAME STREET ADDRESS Primary Care Physician	LAST NAM #	E		PRIMARY PHONE SECONDARY PHONE	Shild	
FIRST NAME STREET ADDRESS		E		PRIMARY PHONE	:hild	
FIRST NAME STREET ADDRESS Primary Care Physician	LAST NAM #	E CITY		PRIMARY PHONE SECONDARY PHONE	Shild	RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	LAST NAM # Allergies	E CITY		PRIMARY PHONE SECONDARY PHONE	Child	RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	LAST NAM # Allergies LAST NAM #	E CITY E	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE	AL X-RAYS, IF AVAILABLE]	RECORDS
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FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	LAST NAM # Allergies LAST NAM #	E CITY E CITY IF YES, INI	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE		RECORDS DENTAL RECORDS OTHER
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FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist I Wears Braces or Other Dental Applia FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY	LAST NAM	E CITY CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE ILINESSES PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE IATTACH COPY OF DENT SECONDARY PHONE SECONDARY PHONE PRIMARY PHONE PR	AL X-RAYS, IF AVAILABLE]	RECORDS DENTAL RECORDS OTHER CONTACT
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RMATION	Child's H	ome Addres	s			CITY	STA		HILD'S HOME PHONE	
	STREET AI				#	CITY	STA		IOTHER'S HOME PHONE	
		Home Addr	ess			OLTY	CT.			
	STREET AI	Primary Wo	ork Addres	S	#	CITY	STA		IOTHER'S PRIMARY WORK PHONE	
	STREET AI				#	CITY	STA		ATHER'S HOME PHONE	
		Home Addre	255						ATHER'S CELL PHONE	
	STREET AI Father's	DDRESS Primary Wor	rk Address	5	#	CITY	STA		ATHER'S PRIMARY WORK PHONE	
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	Driver's l	License Num	nber		License MAKE	Plate Num	ber	AR		
	Vehicle R	Registration I	Number		Vehicle I	nformation				
NTIFYING ACTERIS-		" LBS		STYLE	LENGTH	SHIRT	PANTS SHO	DE		
TICS	Height	Weight	Hair			Clothing	J Size			
	Physical	Handicaps			Favorite	Activities				
	Particula	r Mannerisr	ms		Frequen	tly Visited L	_ocations			
				FRONT	BAC				Attach a currei	nt
				$\bigcirc$		) —			photo of your	•
					A	<u>}</u> –			child here	
				(1) N		4			□ CHILD WEARS GLASSES □ CHILD WEARS CONTACT LE	NSES
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			, ,	g marks (birt			s, piercings, etc.)		Nickname(s) of Child	
MEDICAL	FIRST NAM				LAST NAM			F	RIMARY PHONE	
MEDICAL RECORDS	STREET AI				#	CITY	STA	ATE S	ECONDARY PHONE	
	Primary	Care Physici	ian							
	Medicatio	ons			Allergies	5			llnesses	
DENTAL	FIRST NAM	4E			LAST NAM	4E		F	RIMARY PHONE	
RECORDS	STREET AI	DDRESS			#	CITY	STA		ECONDARY PHONE	
	Dentist		Other Den	tal Applianc	e		IDICATE TYPE	[	ATTACH COPY OF DENTAL X-RAYS, IF A	AVAILABLE]
		Braces or (				11 120, 11				•••••
071155		Braces or (				16		c	RIMARY PHONE	
OTHER CONTACT	FIRST NAM	МЕ			LAST NAM	ME CITY	STA		PRIMARY PHONE	
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CONTACT	FIRST NAM STREET AI PRIMARY N	ME DDRESS	SS	mation	LAST NAM # #	CITY		ATE S	ECONDARY PHONE	
CONTACT	FIRST NAM STREET AI PRIMARY N Emergen FIRST NAM	ME DDRESS WORK ADDRES Incy Adult Cor	SS	mation	# # LAST NAM	CITY CITY	STA	ATE S ATE V	ECONDARY PHONE VORK PHONE PRIMARY PHONE	
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CONTACT	FIRST NAM STREET AI PRIMARY V Emergen FIRST NAM STREET AI	ME DDRESS WORK ADDRES The Adult Corr ME DDRESS ME DDRESS	SS	mation	# # LAST NAM #	CITY CITY ME CITY ME	STA	ATE S ATE V F ATE F	ECONDARY PHONE VORK PHONE PRIMARY PHONE PARENT'S NAME	
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CONTACT	FIRST NAM STREET AI Emergen FIRST NAM STREET AI FIRST NAM STREET AI Child's FI	ME DDRESS WORK ADDRES Incy Adult Cor ME DDRESS ME DDRESS riends	SS ntact Inform	mation	# LAST NAM # LAST NAM # STREET A	CITY CITY CITY CITY CITY DDRESS PHONE	STA	ATE S ATE V F ATE F ATE F 4 S	PRIMARY PHONE PRIMARY PHONE PARENT'S NAME PARENT'S NAME CITY	STATE
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CONTACT	FIRST NAM STREET AI PRIMARY V Emergen FIRST NAM STREET AI Child's Fi NAME PRIMARY I School Im AFTER-SC	ME DDRESS WORK ADDRES ncy Adult Cor ME DDRESS me DDRESS riends	SS ntact Inform HOOL TY TY	mation	# LAST NAM # LAST NAM # STREET A PRIMARY TEACHER	CITY CITY CITY CITY CITY CITY CITY CITY	STA STA STA	ATE S ATE V F ATE F ATE F ATE F SS	EECONDARY PHONE VORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME CITY EECONDARY PHONE PRINCIPAL'S NAME CITY	
CONTACT	FIRST NAM STREET AI PRIMARY V Emergen FIRST NAM STREET AI Child's FI NAME PRIMARY I School In AFTER-SC After-Sch	ME DDRESS WORK ADDRES ncy Adult Cor ME DDRESS riends ROUTE TO SCH iformation	SS ntact Inform HOOL TY TY	mation	<ul> <li>#</li> <li>Ast NAN</li> <li>LAST NAN</li> <li>H</li> <li>LAST NAN</li> <li>H</li> <li>STREET A</li> <li>PRIMARY</li> <li>TEACHER</li> <li>DAYS</li> <li>DAYS</li> </ul>	CITY       CITY       CITY       CITY       CITY       CITY       CITY       SINTE       SINTE       TIME       TIME	STA STA STA STA	ATE S ATE V ATE F ATE F ATE F SSS SSS	EECONDARY PHONE VORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME CITY ECONDARY PHONE PRINCIPAL'S NAME CITY CITY CITY CITY	STATE STATE
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Any other relevant information that might assist police officers

STREET ADDRESS	#	СІТҮ	STATE	CHILD'S HOME PHONE		GENERAL INFORMATION
Child's Home Address				CHILD'S CELL PHONE		
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE		
Mother's Home Address				MOTHER'S CELL PHONE		
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE		
STREET ADDRESS	щ	CITY	CTATE	MOTHER'S SECONDARY WORK PHO	NE	
Father's Home Address	Ħ	CITY	STATE	FATHER'S HOME PHONE		
STREET ADDRESS	#	СІТҮ	STATE	FATHER'S PRIMARY WORK PHONE		
Father's Primary Work Address				FATHER'S SECONDARY WORK PHO	NE	
				•		
Driver's License Number	License	Plate Numbe	r	_		
Vahiele Desistration Number	MAKE	MODEL	YEAR			
Vehicle Registration Number	venicie i	nformation				
LBS COLOR STYLE	LENGTH	SHIRT	PANTS SHOE			CHARACTERIS
Height Weight Hair		Clothing S	IZE	- :		TICS
				-		
Physical Handicaps	Favorite	Activities				
				-		
Particular Mannerisms	Frequen	tly Visited Loc	ations			
FRONT	BAC	СК		Attach a cur	•	
Ω	5	2 —		– photo of yo	•	
		<i>M</i> —		- child her	e	
		JU		CHILD WEARS GLASSES		
		)		CHILD WEARS CONTACT	LENSES	
		U				
Indicate and describe identifying marks (bir	thmarks, s	cars, moles, p	liercings, tattoos, etc	c.) Nickname(s) of Child		
FIRST NAME	LAST NAM	ЧЕ		PRIMARY PHONE		MEDICAL
STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE		RECORDS
Primary Care Physician						
Medications	Allergies	5		Illnesses		
FIRST NAME	LAST NAM			PRIMARY PHONE		
STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE		DENTAL Records
Dentist				[ATTACH COPY OF DENTAL X-RAYS,	IF AVAILABLE]	
UWears Braces or Other Dental Appliance	се	IF YES, INDI	CATE TYPE			
FIRST NAME	LAST NAM	ИE		PRIMARY PHONE		07050
STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE		OTHER CONTACT
PRIMARY WORK ADDRESS	#	CITY	STATE	WORK PHONE		INFORMATION
Emergency Adult Contact Information						
FIRST NAME	LAST NAM	ЧЕ		PRIMARY PHONE		
	LASTINAL					
STREET ADDRESS	#	CITY	STATE	PARENT'S NAME		
FIRST NAME	# LAST NAM	ИE		PRIMARY PHONE		
FIRST NAME STREET ADDRESS	#		STATE			
FIRST NAME	# LAST NAM #	CITY		PRIMARY PHONE PARENT'S NAME	CTATE	
FIRST NAME STREET ADDRESS Child's Friends	# LAST NAM # STREET A	de CITY DDRESS		PRIMARY PHONE PARENT'S NAME # CITY	STATE	
FIRST NAME STREET ADDRESS	# LAST NAM #	IDDRESS PHONE		PRIMARY PHONE PARENT'S NAME	STATE	
FIRST NAME STREET ADDRESS Child's Friends NAME	# LAST NAM # STREET A PRIMARY	IDDRESS PHONE		PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE	STATE	
FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL	# LAST NAM # STREET A PRIMARY	IDDRESS PHONE		PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE	STATE	
FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information	# LAST NAM # STREET A PRIMARY TEACHER	CITY CITY DDRESS PHONE 'S NAME	STATE	PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME		
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FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY AFTER-SCHOOL ACTIVITY After-School Activities NAME PRIMARY PHONE	#       LAST NAN       #       STREET A       PRIMARY       TEACHER       DAYS       DAYS       STREET A       SECONDA	CITY CITY DDRESS PHONE 'S NAME TIME TIME TIME	STATE STREET ADDRESS	PRIMARY PHONE       PARENT'S NAME       #     CITY       SECONDARY PHONE       PRINCIPAL'S NAME       CITY       CITY       #       CITY	STATE STATE	

GENERAL FORMATION	STREET AD		-		#	СІТҮ	STATE	CHILD'S HOM	IE PHONE	
	Child s Ho	ome Addres	S					CHILD'S CEL	L PHONE	
	STREET AD Mother's I	DRESS Home Addre	ess		#	СІТҮ	STATE	MOTHER'S H		
	STREET AD	DRESS			#	СІТҮ	STATE		IMARY WORK PHONE	
	Mother's I	Primary Wo	rk Addr	ess					ECONDARY WORK PHONE	
	STREET AD Father's H	DRESS Iome Addre	SS		#	CITY	STATE	FATHER'S H		
	STREET AD Father's P	DRESS Primary Wor	-k Addre	255	#	CITY	STATE		RIMARY WORK PHONE	
	Driver's L	icense Num	nber		License I	Plate Number				
	Vehicle Re	egistration N	Number		MAKE Vehicle Ir	MODEL	YEAR		$\frown$	
IDENTIFYING IARACTERIS- TICS	، " Height	LBS Weight	COLOR Hair	STYLE	LENGTH	SHIRT PAN Clothing Size	TS SHOE			•
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	Physical H	landicaps			Favorite	Activities				•
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	Particular	Mannerisn	ns		Frequent	ly Visited Location	าร	_	Attach a current	
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	Indicate an	d describe	identify				ngs tattoos etc	) Nickpo		
MEDICAL	Indicate an		identify	ing marks (bi	thmarks, sc	ars, moles, pierci	ngs, tattoos, etc	.) Nickna PRIMARY PH	me(s) of Child	
MEDICAL RECORDS	FIRST NAM STREET AD	E DRESS		ing marks (bin			ngs, tattoos, etc STATE		me(s) of Child ONE	
MEDICAL RECORDS	FIRST NAM STREET AD	E		ing marks (bi		IE		PRIMARY PH	me(s) of Child ONE	
MEDICAL RECORDS	FIRST NAM STREET AD	E DRESS		ing marks (bin		IE		PRIMARY PH	me(s) of Child ONE	
MEDICAL RECORDS	FIRST NAM STREET AD	E DRESS Care Physici		ing marks (bin		IE CITY		PRIMARY PH	me(s) of Child ONE	
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DENTAL RECORDS OTHER CONTACT	FIRST NAM STREET AD Primary C Medicatio FIRST NAM STREET AD Dentist FIRST NAM STREET AD PRIMARY W	E DRESS Care Physici ns E DRESS Braces or C E	an Dther D	ental Applian	LAST NAM # Allergies LAST NAM #	IE CITY CITY IE CITY IF YES, INDICATE	STATE STATE STATE	PRIMARY PH SECONDARY Illnesses PRIMARY PH SECONDARY [ATTACH COP	me(s) of Child ONE PHONE ONE PHONE PY OF DENTAL X-RAYS, IF AVAILAE ONE PHONE	
DENTAL RECORDS OTHER CONTACT	FIRST NAM STREET AD Primary C Medicatio FIRST NAM STREET AD Dentist FIRST NAM STREET AD PRIMARY W	E DRESS Care Physici Ins E DRESS Braces or C E DRESS CORK ADDRES Cy Adult Cor	an Dther D	ental Applian	LAST NAM # Allergies LAST NAM #	IE CITY CITY I CITY IF YES, INDICATE	TYPE STATE	PRIMARY PH SECONDARY Illnesses PRIMARY PH SECONDARY (ATTACH COP PRIMARY PH SECONDARY	me(s) of Child ONE PHONE ONE PHONE PHONE ONE PHONE ONE PHONE E	
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DENTAL RECORDS OTHER CONTACT	FIRST NAM STREET AD Primary C Medicatio FIRST NAM STREET AD Dentist UREATS FIRST NAM STREET AD FIRST NAM STREET AD FIRST NAM STREET AD	E DRESS Care Physici ns E DRESS Braces or C E DRESS CORK ADDRESS CY Adult Cor E DRESS E	an Other D 655	ental Applian	LAST NAM # Allergies (Allergies) (Allergie	E CITY CITY CITY CITY CITY CITY CITY CITY	STATE STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PH SECONDARY Illnesses PRIMARY PH SECONDARY (ATTACH COP PRIMARY PH SECONDARY WORK PHON PRIMARY PH RELATIONSH PRIMARY PH RELATIONSH	me(s) of Child ONE PHONE ONE PHONE PHONE PHONE PHONE PHONE E ONE IIP TO CHILD ONE IIP TO CHILD	
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DENTAL RECORDS OTHER CONTACT	FIRST NAM STREET AD Primary C Medicatio FIRST NAM STREET AD Dentist U Wears FIRST NAM STREET AD FIRST NAM STREET AD FIRST NAM STREET AD Child'S Fri	E DRESS Care Physici Ins E DRESS Braces or C E DRESS ORK ADDRES Cy Adult Cor E DRESS E DRESS E DRESS E DRESS iends/Room	an Other D 655	ental Applian	CCE LAST NAM # Allergies (Allergies) (Alle	IE CITY CITY IE CITY IF YES, INDICATE CITY CITY CITY IE	STATE STATE STATE STATE STATE STATE STATE STATE STATE	PRIMARY PH SECONDARY Illnesses PRIMARY PH SECONDARY (ATTACH COP (ATTACH COP (A	me(s) of Child         ONE         PHONE         CITY         STATE         PHONE         CITY         STATE	
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STREET ADDRESS		#	СІТҮ	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION
Child's Home Address					CHILD'S CELL PHONE	
STREET ADDRESS		#	CITY	STATE	MOTHER'S HOME PHONE	
Mother's Home Address					MOTHER'S CELL PHONE	
STREET ADDRESS		#	СІТҮ	STATE	MOTHER'S PRIMARY WORK PHONE	
Mother's Primary Work Add	ress				MOTHER'S SECONDARY WORK PHONE	
STREET ADDRESS		#	CITY	STATE	FATHER'S HOME PHONE	
Father's Home Address					FATHER'S CELL PHONE	
STREET ADDRESS		#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
Father's Primary Work Addr	ess				FATHER'S SECONDARY WORK PHONE	
Driver's License Number		License P	late Number			
		MAKE	MODEL	YEAR		
Vehicle Registration Numbe	r	Vehicle In	formation			:
LBS COLOR Height Weight Hair	R STYLE	LENGTH	SHIRT PANTS Clothing Size	SHOE		IDENTIFYING CHARACTERI TICS
Physical Handicaps		Favorite A	activities			
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Particular Mannerisms		Froquent	y Visited Locations			
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	FRONT	BACK	< compared with the second sec		photo of your	
	52	2کر			child here	
					CHILD WEARS GLASSES	•••
Indicate and describe identify	ving marks (birth	marks sca		tattoos etc		
					) Nickname(s) of Child	
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FIRST NAME STREET ADDRESS					) Nickname(s) of Child	MEDICAL RECORDS
FIRST NAME			E		) Nickname(s) of Child PRIMARY PHONE	
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FIRST NAME STREET ADDRESS			E		) Nickname(s) of Child PRIMARY PHONE	
FIRST NAME STREET ADDRESS Primary Care Physician Medications		LAST NAME # Allergies	E CITY		)       Nickname(s) of Child         PRIMARY PHONE         SECONDARY PHONE         Illnesses	
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME		LAST NAME # Allergies LAST NAME	E CITY	STATE	Nickname(s) of Child         PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE	
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FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist		LAST NAME # Allergies LAST NAME #		STATE	Nickname(s) of Child         PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE	DENTAL RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS		LAST NAME # Allergies LAST NAME #	E CITY	STATE	Nickname(s) of Child         PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE	DENTAL RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist		LAST NAME # Allergies LAST NAME #	E CITY E CITY IF YES, INDICATE TYPE	STATE	Nickname(s) of Child         PRIMARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE	DENTAL RECORDS
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GENERAL IFORMATION	STREET ADDRESS Child's Home Address				#	CITY	STATE	CHILD'S HOME PHONE		
	STREET ADDRESS				#	СІТҮ	STATE	CHILD'S CELL PHONE		
	Mother's Home Address				π	CITI	STATE	MOTHER'S CELL PHONE		
	STREET ADDRESS				#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE		
	Mother's Primary Work Address							MOTHER'S SECONDARY WORK PI	HONE	
	STREET ADDRESS				#	CITY	STATE	FATHER'S HOME PHONE		
	Father's Home Address				_			FATHER'S CELL PHONE		
	STREET ADDRESS				#	CITY	STATE	FATHER'S PRIMARY WORK PHON	E	
	Father's Primary Work Address							FATHER'S SECONDARY WORK PH	ONE	
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DENTAL RECORDS OTHER CONTACT	FIRST NAM STREET AD Primary C Medicatio FIRST NAM STREET AD Dentist Uears FIRST NAM STREET AD FIRST NAM STREET AD FIRST NAM STREET AD Child's Fr NAME School Inf	E DRESS Care Physicia Ins E DRESS Braces or O E DRESS CY Adult Con E DRESS E DRESS E DRESS E E DRESS E	an Other De S tact Info	ental Appliance	LAST NAM # Allergies LAST NAM # 2 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	E - CITY CI	STATE STATE STATE STATE STATE STATE STATE STATE STATE	.)       Nickname(s) of Child         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         Illnesses         PRIMARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         SECONDARY PHONE         PRIMARY PHONE         SECONDARY PHONE         PRIMARY PHONE         RELATIONSHIP TO CHILD         PRIMARY PHONE         RELATIONSHIP TO CHILD         PRIMARY PHONE         RELATIONSHIP TO CHILD         #       CITY         SECONDARY PHONE	'S, IF AVAILABLE]	
DENTAL RECORDS OTHER CONTACT	FIRST NAM STREET AD Primary C Medicatio FIRST NAM STREET AD Dentist Urears FIRST NAM STREET AD PRIMARY W Emergence FIRST NAM STREET AD FIRST NAM STREET AD Child's Fr NAME School Inf	E DRESS Care Physicia ns E DRESS Braces or O E DRESS ORK ADDRES cy Adult Con E DRESS E DRESS E DRESS iends/Room	an Other De S tact Info	ental Appliance	LAST NAM # Allergies Allergies LAST NAM # LAST NAM # LAST NAM # LAST NAM # LAST NAM # U	I       CITY         CITY       CITY         I       CITY	STATE STATE STATE STATE STATE STATE STATE STATE STATE	.) Nickname(s) of Child   PRIMARY PHONE   SECONDARY PHONE   Illnesses   PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   SECONDARY PHONE   SECONDARY PHONE   SECONDARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE   RELATIONSHIP TO CHILD   PRIMARY PHONE   RELATIONSHIP TO CHILD   #   CITY   #   CITY	'S, IF AVAILABLE]	
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DENTAL RECORDS OTHER CONTACT	FIRST NAM STREET AD Primary C Medicatio FIRST NAM STREET AD Dentist C Wears FIRST NAM STREET AD PRIMARY W Emergence FIRST NAM STREET AD FIRST NAM STREET AD Child's Fr NAME School Inf NAME PRIMARY P	E DRESS Care Physicia ns E DRESS Braces or O E DRESS ORK ADDRES cy Adult Con E DRESS E DRESS iends/Room	an Other De S tact Info	ental Appliance	LAST NAM # Allergies Allergies LAST NAM # LAST NAM # LAST NAM # LAST NAM # LAST NAM # U	I       CITY         CITY       CITY         I       CITY	STATE STATE STATE STATE STATE STATE STATE STATE STATE	.) Nickname(s) of Child   PRIMARY PHONE   SECONDARY PHONE   Illnesses   PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   SECONDARY PHONE   SECONDARY PHONE   SECONDARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE   RELATIONSHIP TO CHILD   PRIMARY PHONE   RELATIONSHIP TO CHILD   #   CITY   #   CITY	'S, IF AVAILABLE]	
DENTAL RECORDS OTHER CONTACT	FIRST NAM STREET AD Primary C Medicatio FIRST NAM STREET AD Dentist C Wears FIRST NAM STREET AD PRIMARY W Emergence FIRST NAM STREET AD FIRST NAM STREET AD Child's Fr NAME School Inf NAME PRIMARY P	E DRESS Care Physicia ns E DRESS Braces or O E DRESS ORK ADDRES cy Adult Con E DRESS E DRESS iends/Room	an Other De S tact Info	ental Appliance	LAST NAM # Allergies Allergies LAST NAM # LAST NAM # LAST NAM # LAST NAM # LAST NAM # U	I       CITY         CITY       CITY         I       CITY	STATE STATE STATE STATE STATE STATE STATE STATE STATE	.) Nickname(s) of Child   PRIMARY PHONE   SECONDARY PHONE   Illnesses   PRIMARY PHONE   SECONDARY PHONE   SECONDARY PHONE   SECONDARY PHONE   SECONDARY PHONE   SECONDARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE   SECONDARY PHONE   PRIMARY PHONE   RELATIONSHIP TO CHILD   PRIMARY PHONE   RELATIONSHIP TO CHILD   #   CITY   #   CITY	'S, IF AVAILABLE]	



STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION
				CHILD'S CELL PHONE	
STREET ADDRESS Mother's Home Address	#	CITY	STATE	MOTHER'S HOME PHONE	
	ш	OLTY	CTATE	MOTHER'S CELL PHONE	
STREET ADDRESS Mother's Primary Work Address	Ħ	CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S SECONDARY WORK PHONE FATHER'S HOME PHONE	
Father's Home Address	π	CITI	STATE	FATHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
Father's Primary Work Address	π	CITI	STATE	FATHER'S SECONDARY WORK PHONE	
Driver's License Number	License F	Plate Number			:
	MAKE	MODEL	YEAR		
Vehicle Registration Number		nformation			:
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Particular Mannerisms	Frequent	ly Visited Locations			
FRONT	BAC			_ Attach a current	
				photo of your	:
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ndicate and describe identifying marks (bi	irthmarks, sc	ars, moles, piercings	s, tattoos, etc	.) Nickname(s) of Child	
ndicate and describe identifying marks (bi	irthmarks, sc		s, tattoos, etc	.) Nickname(s) of Child PRIMARY PHONE	MEDICAL
FIRST NAME STREET ADDRESS			s, tattoos, etc STATE		MEDICAL RECORDS
FIRST NAME	LAST NAM	E		PRIMARY PHONE	
FIRST NAME STREET ADDRESS	LAST NAM	E		PRIMARY PHONE	
FIRST NAME STREET ADDRESS Primary Care Physician	LAST NAM #	E		PRIMARY PHONE SECONDARY PHONE	
FIRST NAME STREET ADDRESS	LAST NAM	E		PRIMARY PHONE	
FIRST NAME STREET ADDRESS Primary Care Physician Medications	LAST NAM #	E CITY		PRIMARY PHONE SECONDARY PHONE	DENTAL
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New York State Senator Catharine M. Young 57TH SENATE DISTRICT YOUNG.NYSENATE.GOV

#### **District Office**

Westgate Plaza 700 West State Street Olean, NY 14760 (716) 372-4901

#### Albany Office

Room 307, Legislative Office Building Albany, New York 12247 (518) 455-3563