EMERGENCY - CONSENT CARD

CHILD'S NAME	BIRTHDATE:
FIRST MANIE(S)	YEAR/MONTH/DAY
ADDRESS:	the section and the section is the section of the s
	HOME PHONE:
PARENT'S NAME:	
PARENT'S NAME:	WORK PHONE:
	HOME PHONE:
EMERGENCY CONTACT:	PHONE:
OUT OF TOWN CONTACT:	PHONE:
CHILD'S DOCTOR:	PHONE:
DATE OF MOST RECENT TETANUS SHOT:	
ALLERGIES/MEDICATIONS:	AUTO-EXAMPLE AND AUTO-E
CHILD'S DENTIST:	PHONE:
CARE CARD NUMBER:	DATE EFFECTIVE: