## **Emergency Information**

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Child	Child
DOB Age	DOB Age
Allergies	Allergies
Parent/Guardian	Parent/Guardian
Address	A ddwaga
Phone	D1
Phone	Phone
1st Contact	1 <sup>st</sup> Contact
Phone #	Phone #
2 <sup>Nd</sup> Contact	2 <sup>Nd</sup> Contact
Phone #	Phone #
Doctor_	Doctor
Phone #	Phone #
Preferred Hospital	Preferred Hospital
Insurance	Insurance
ID#_	ID #
Other Information	Other Information
Parent Signature	Parent Signature
Provider Signature	
Date	Date

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