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Age	Name Last Address Parent/Guardian Family Physician In the event of a medical to receive emergency medifacility.	First emergency, I give my permiss cal transportation and treatm	Home Phone Business Phone Phone Ion for Name ent at the nearest medical
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hone	to receive emergency medifacility.	cal transportation and treatm	ent at the nearest medical
Address Home Phone Home Phone Parent/Guardian Business Phone Business Phone In the event of a medical emergency, I give my permission for Name to receive emergency medical transportation and treatment at the nearest medical facility.	MEDICAL COVERAGE		
Address Home Phone Home Phone Business Phone Parent/Guardian Business Phone Ph	+NO. #	Signature - Par	ent or Guardian
Home Phone ess Home Phone nt/Guardian Business Phon ly Physician Phone he event of a medical emergency, I give my permission for eccive emergency medical transportation and treatment at the neality. EDICAL COVERAGE NS. I.D. # Signature - Parent or Guardian			

Please indicate any medicine or treatment which SHOULD NOT be used.