	Medical Information
I Take Medicin	e:
I am Allergic T	`o:
My Blood Type	e Is:
Please Don't Fo	orget My:
	2 -

Medical Information

My Doctor Is:_____

My Insurance Is:	My Insurance	
Medical Information I Take Medicine:	I Take Medici	
I am Allergic To:	I am Allergic	
My Blood Type Is:	My Blood Typ	
Please Don't Forget My:	Please Don't F	
My Doctor Is:	My Doctor Is:	
My Insurance Is:	My Insurance	
Medical Information		
I Take Medicine:	I Take Medici	
I am Allergic To:	I am Allergic	
My Blood Type Is:	My Blood Typ	
Please Don't Forget My:	Please Don't F	
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My Doctor Is:	
My Insurance Is:	

Medical Information

I Take Medicine:	
I am Allergic To:	
My Blood Type Is:	
Please Don't Forget My:	
	_
My Doctor Is:	_
Mr. Ingumanaa Iga	_

Family Emergency Card	Family Emergency Card
My Name is:	My Name is:
My Guardian's Name is:	My Guardian's Name is:
Their Work Number is:	Their Work Number is:
Their Cell Number is:	Their Cell Number is:
Local Person I know: #	Local Person I know: #
I live at:	I live at:
	- A 10 tm
Neighborhood Meeting Place:	Neighborhood Meeting Place:
Out of State Contact Name:	Out of State Contact Name:
Out of State Contact Phone:	Out of State Contact Phone:
Dial 9-1-1 for Emergencies	Dial 9-1-1 for Emergencies
Family Emergency Card	Family Emergency Card
My Name is:	My Name is:
My Guardian's Name is:	My Guardian's Name is:
Their Work Number is:	Their Work Number is:
Their Cell Number is:	Their Cell Number is:
Local Person I know:#	Local Person I know:#
I live at:	I live at:
Neighborhood Meeting Place:	Neighborhood Meeting Place:
Out of State Contact Name:	Out of State Contact Name:
Out of State Contact Phone:	Out of State Contact Phone:
Dial 9-1-1 for Emergencies	Dial 9-1-1 for Emergencies
Franciska Francisco de Const	Foreith Programmer Covet
Family Emergency Card	Family Emergency Card
My Name is:	My Name is:
My Guardian's Name is:	My Guardian's Name is:
Their Work Number is:	Their Work Number is:
Their Cell Number is:	Their Cell Number is:
Local Person I know:#	Local Person I know:#_
I live at:	I live at:
Neighborhood Meeting Place:	Neighborhood Meeting Place:
Out of State Contact Name:	Out of State Contact Name:
Out of State Contact Phone:	Out of State Contact Phone:
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My Guardian's Name is:	My Guardian's Name is:
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Their Cell Number is:	Their Cell Number is:
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