

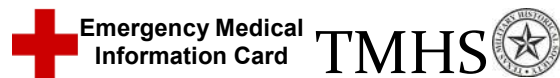


Name:
Address:
City/State:

Physician Name:
Telephone:

Emergency Contact Name:
Telephone:

----- fold -----



List medications and medical conditions:

----- cut -----