

3. _____ **Birth Date:** _____
First Last

Physician: _____ **Phone:** _____
(if different from above)

Restrictions (Explain any physical or diet restrictions and/or any medical or behavioral concerns S.S. Teachers, Mentors, or Brethren Buddy/Youth Group Advisors should be aware of): _____

Medications :

- _____
Name dose frequency
- _____
Name dose frequency
- _____
Name dose frequency

*(For infants through 5th grade please list any special pickup instructions, if any) _____



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