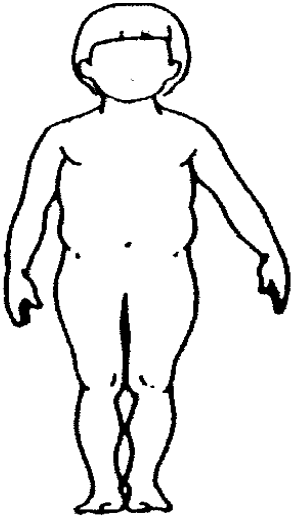
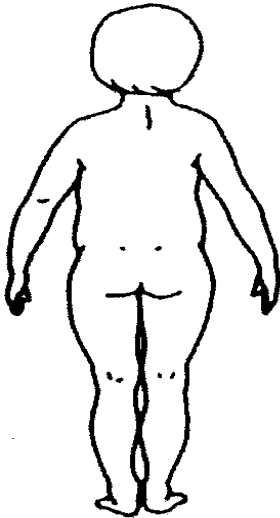


PHYSICAL DESCRIPTION AND MEDICAL INFORMATION

Please use the following figures and numbered spaces to record the location and type of any distinguishing birthmarks, moles, scars, previously broken bones and prosthetics.



FRONT



BACK

Place a recent photo here (Update yearly)

Front of Body	Back of Body
1.	1.
2.	2.
3.	3.
4.	4.

Personal Characteristics
1.
2.
3.
4.
5.

My child's medical records are on file with

Doctor

Address

City, State, Zip

Phone

My child's dental records are on file with

Doctor

Address

City, State, Zip

Phone