
















CHAD: Children Have An iDentity				
CHILDS NAME	NICK NAME		DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP	
MOTHER'S NAME	(H) PHONE		(W) PHONE	
FATHER'S NAME	(H) PHONE		(W) PHONE	
CHILD'S PHYSICIAN			PHONE	
EMERGENCY CONTACT (NOT A PARENT)			PHONE	
MEDICATIONS & ALLERGIES				
SPECIAL NEEDS				
				






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