

SUPPORT INFORMATION

Name _____

Emergency Contact _____

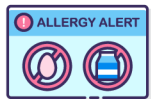
Lawyer _____

Doctor _____

MISC _____



ADA ACCOMODATIONS _____



ALLERGYS! _____



MEDICATIONS _____



MEDICAL CONDITION _____



DISABILITIES _____

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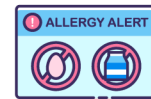
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