

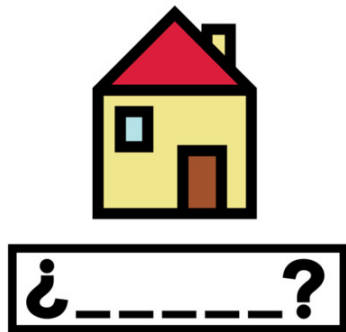
My name is



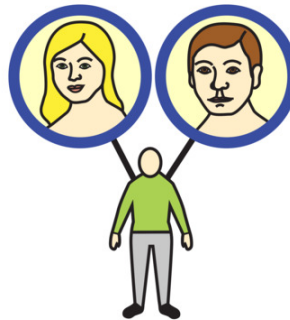
My voice...



My address is



My parents names



My phone number is



Emergency contact info

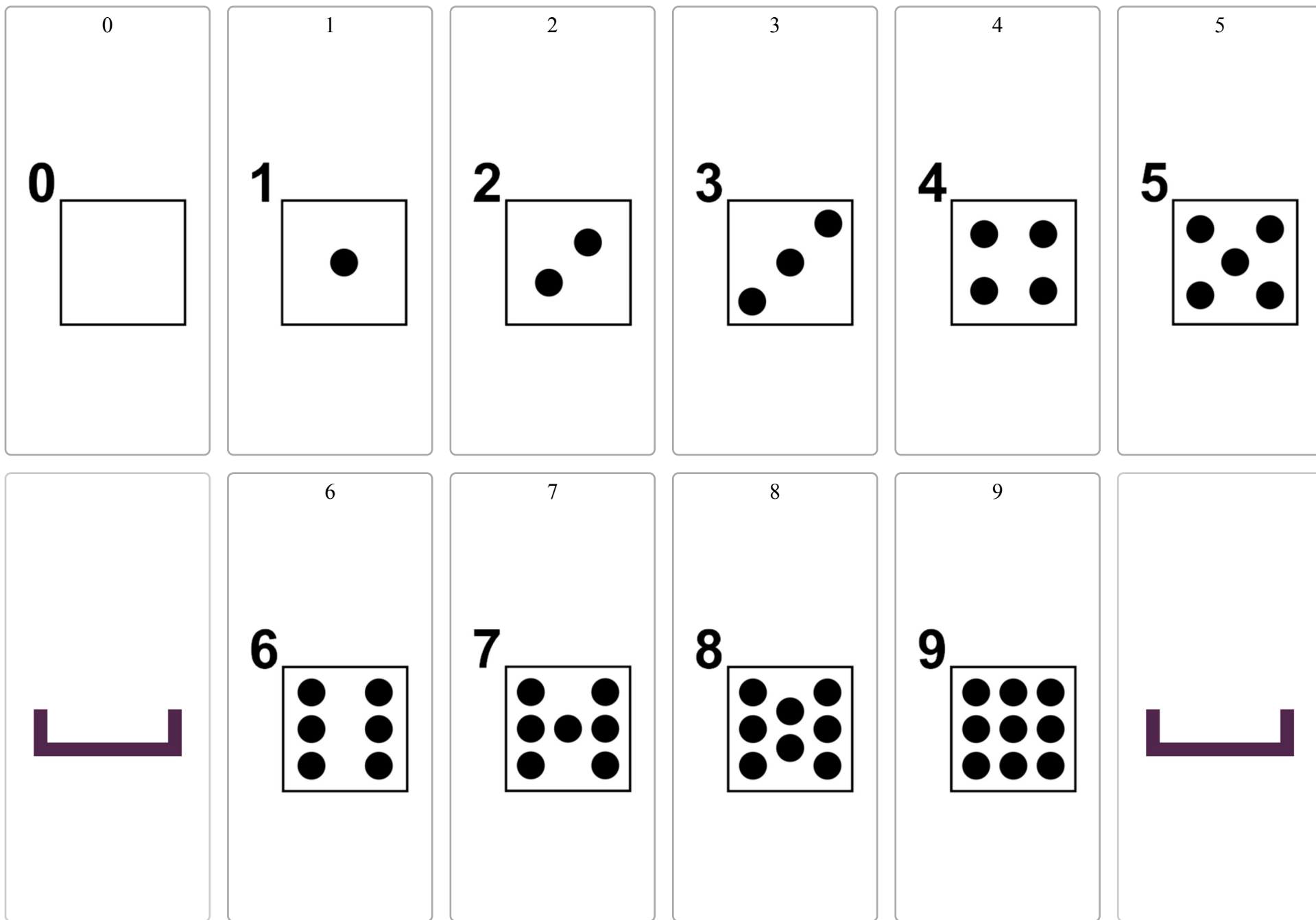


Medical conditions include



I am allergic to





q	w	e	r	t	y	u	i	o	p
q	w	e	r	t	y	u	i	o	p
a	s	d	f	g	h	j	k	l	numbers
a	s	d	f	g	h	j	k	l	1 2 3
	z	x	c	v	b	n	m		4
	z	x	c	v	b	n	m		

