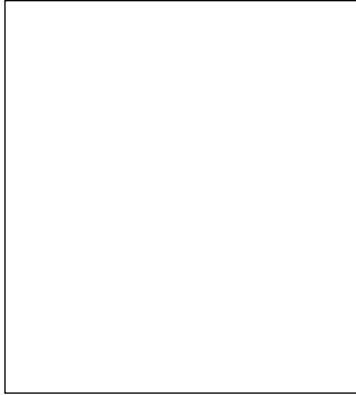
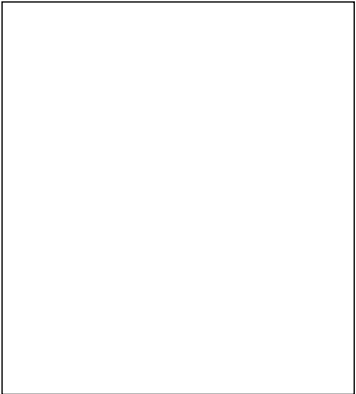
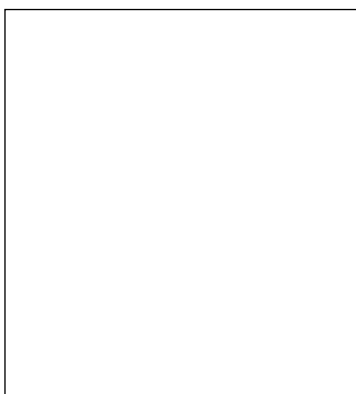
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	D.O.B:
	Medicine Expires: <input data-bbox="557 445 1016 563" type="text"/>
<b>ALLERGEN:</b>	

	Class:
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	D.O.B:
	Medicine Expires: <input data-bbox="1572 445 2031 563" type="text"/>
<b>ALLERGEN:</b>	

	Class:
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	D.O.B:
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<b>ALLERGEN &gt;</b> <b>ALLERGEN &gt;</b>	

	Class:
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<b>ALLERGEN &gt;</b> <b>ALLERGEN &gt;</b>	

SCHOOL ID/NAME WINDOW  
LARGE FONT SIZE



SCHOOL ID/NAME WINDOW  
SMALL FONT SIZE

