**I AM ALLERGIC TO:**

My name is

D.O.B Class **MY MEDICINE EXPIRES:**

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**ALLERGY**

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**ALLERGY**

**ALLERGY**

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D.O.B Class **MY MEDICINE EXPIRES:**

**00/00/00**

**ALLERGY**

**ALLERGY**

**ALLERGY**

# SCHOOL NAME

LRG FONT | ON FRONT WHEN CLOSED

**A SCHOOL**

# CLASS NAME

SML FONT | ON FRONT WHEN HANGING

**YR 2 BLUE CLASS**