Child Safety Passenger

(Return to 241 3rd Ave NE, Valley City, ND 58072 or smagnuson@valleycity.us)

Please fill out anything you see applicable (you do not have to fill out everything, only what fits your needs)

Name:_____

Special Consideration:_____

DOB:_____

Known Allergies:_____

Medications:_____

Warnings to be aware of:_____

Blood Type:_____

Emergency Contact Info:_____

OTHER:_____

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