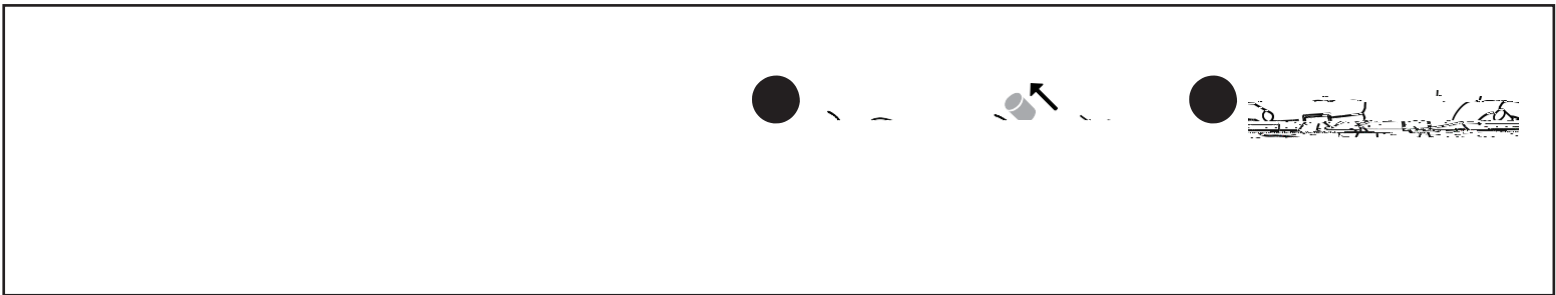
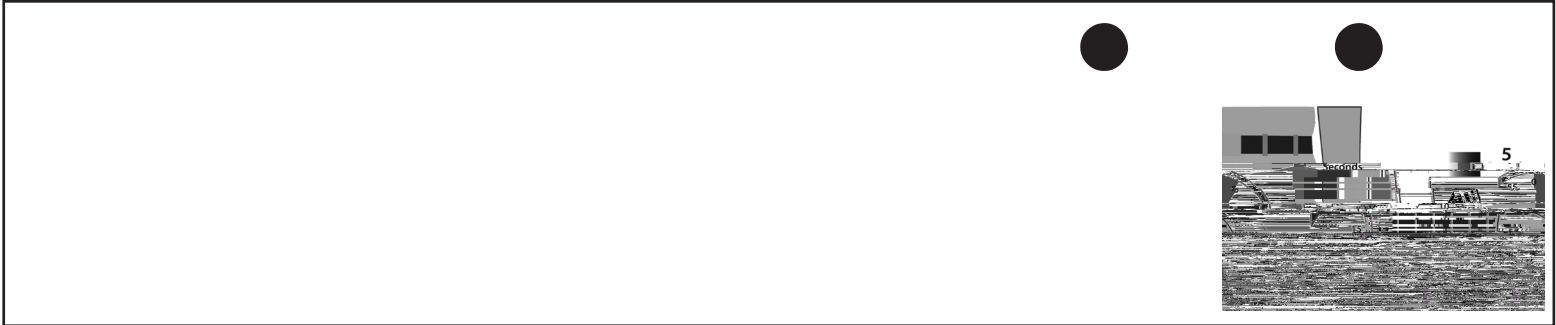


**PLACE  
PICTURE  
HERE**

**] No**

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**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to**



PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE