Child's Name		
Date of Birth	Sex	NC.year
Admission Date	Previous Placement	
Address	- Thom	
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Telephone No.		
Medical Information		.:
Medical Conditions		
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Other		
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Family Details			
Names of Paren	ts/Carer		•
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Brothers	Date of Birth	Sisters	Data of D
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Family Pet		*	a a
avourite toys/act	tivities		#
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