



**DEBORAH A. COY PEDIATRICS
AND ASSOCIATES**

A MEMBER OF CONSENSUS HEALTH™

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Date: _____

Patient Name: _____

Date of Birth: _____

For school year: _____ to _____

Please allow _____ to carry a water bottle, in a non-disruptive manner during the school day.

Thank you,
Deborah A. Coy, M.D.