

# DETAILED INFORMATION: CHILD

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ M F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Relationship to adult(s) in household? \_\_\_\_\_

Enrolled in school? Y N Grade: \_\_\_\_\_

If yes, give school name and address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Wear eyeglasses or contacts? Y N

Any medical condition emergency providers should be aware of:

(list conditions such as asthma, juvenile diabetes, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any known allergies? If so, list: \_\_\_\_\_

\_\_\_\_\_

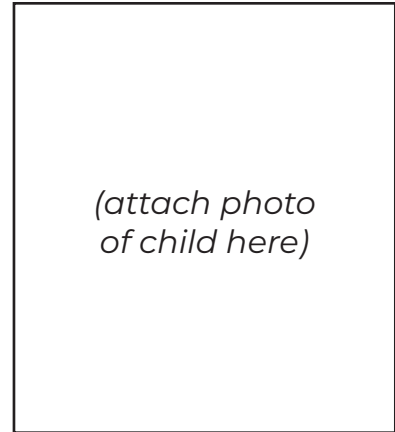
Prescription medications currently taking: \_\_\_\_\_

\_\_\_\_\_

Other important information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



*(attach photo  
of child here)*

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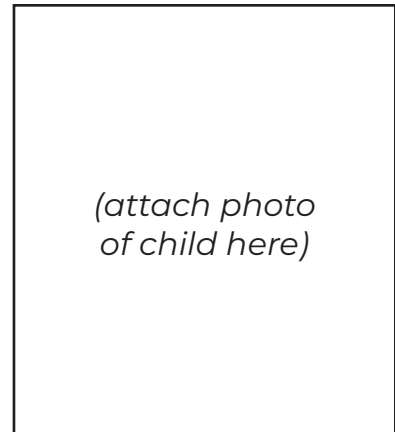
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