## DETAILED INFORMATION: CHILD

**Name: _____ DOB: _____ M ☐ F ☐**
**Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____**

**Relationship to adults in household: _____**

*(attach photo of child here)*

**Enrolled in school? Yes ☐ Grade _____ No ☐**
**If yes, give school name and address:**
_____
_____

**Wear eyeglasses or contacts: Yes ☐ No ☐**

**Any medical condition of which emergency provider should be aware (list conditions such as asthma, juvenile diabetes, etc.):**
_____
_____
_____
_____

**Any known allergies? If so, list: _____**
**Prescription medications currently taking:**
_____
_____

**Other important information: _____**

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