

Imagination Station
Emergency Health Form
(Must accompany registration)

Student Information

Name _____ Date of birth _____

Address _____

Home phone _____ Email _____

Mother's name _____

Place of work _____ Work phone _____

Father's name _____

Place of work _____ Work phone _____

Family physician _____ Physician's phone _____

Health

General: Excellent Good Fair

Allergies: None Yes, please describe _____

Medications: None Yes, please explain _____

Other: None Yes, please explain _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

I give my consent for you to contact the following person(s) to release my child or children into their care if I cannot be reached.

Name _____ Phone _____

Name _____ Phone _____

I give my consent for my child to receive emergency medical care if I cannot be reached.

Signature _____ Date _____

Signature of parent or guardian.