

Imagination Station Referral, Emergency Contact and Medical Information

Name/Client #

Date of Birth

Gender

Parent's/Guardian's Name

Service Provider/DA/School

Home Phone

Work Phone

Staff Phone

email

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Allergies/Special Health Considerations/Anything we should know to keep you and those around you comfortable and safe? (i.e. behaviors, physical limitations)

Insurance Company

Policy Number

Special equipment needed? Limits on how many folks should be in the room?

Do you suffer from motion sickness? _____

By signing this you understand that you are responsible for the safety and behavior of yourself and those you bring in with you.

Parent/Guardian: _____

Date: _____

Please bring this completed form with you to the Imagination Station on Summer Street or email it to Heather heathers@wcmhs.org