



EMERGENCY CONTACT /HEALTH FORM

Please provide us with the following information and turn this form in before your child's scheduled program.

Student Name: _____

During this program session, I can be reached at:

Parent(s) Names: _____

Location/Address: _____

Phone #: _____ Cell/Alternate Phone #: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Relationship: _____

Location/Address: _____

Phone #: _____ Cell/Alternate Phone #: _____

Physician's Name: _____ Phone #: _____

My son/daughter is in good general health with immunizations up to date.

My son/daughter has the following allergies, health conditions to be aware of:

My son/daughter is on the following medication(s): _____

If I, or my designated contact listed above, cannot be reached in an emergency, Indian Creek Nature Center personnel are authorized to act on my behalf to secure proper medical treatment for my child.

I give permission for my child's photograph to be used by ICNC for publicity purposes.

I give permission for my child's image to be used on the ICNC website for publicity purposes.

Parent Signature: _____ Date: _____

Mail this form to: Indian Creek Nature Center
6665 Otis Rd. SE
Cedar Rapids, IA 52403

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