

**VILLAGE OF WALTON HILLS
VAN SERVICE
REGISTRATION FORM**

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ **PHONE:** _____

PHYSICIAN: _____ **PHONE:** _____

SPECIFIC HEALTH CONDITION WE SHOULD BE AWARE OF: _____

CURRENT MEDICATION(S): _____

**ALLERGIES? SPECIAL NEEDS? HANDICAPPED? NEED SOME ASSISTANCE OR SUPERVISION?
PLEASE EXPLAIN:**

SIGNATURE: _____ **DATE:** _____