

PLEASE ALLOW THREE (3) BUSINESS DAYS FOR COMPLETION

Today's Date: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Parent's Name: _____ Daytime Phone #: _____

Please check the form(s) you need:

**Complete as much of the form(s) as possible, prior to submitting.

_____ ATTACHED FORM (S)

_____ IMMUNIZATION RECORD

_____ SPORTS-APA Generic Form

_____ WELL CHILD-APA Generic Form

Please check how you would like to receive the form(s):

**Due to Federal Privacy Regulations (HIPPA), with the exception of medication authorizations and immunization records, we are unable to forward any forms or medical records directly to schools or child care facilities.

_____ PICK UP (we will call when ready)

_____ FAX #: _____

Attention: _____

_____ Mail

Address: _____
