

FORM COMPLETION REQUEST

As a reminder your child must be up-to-date on physical exams to complete any forms. Please complete patient/parent/guardian section of forms prior to sending to the clinic for completion. If sections are not complete, the form may not be able to be completed by the provider.

I give Children's Minnesota permission to complete form(s) and send information as indicated below. This consent will expire only when revoked in writing. If child is 18 years of age or older they must sign this form.

1. PATIENT INFORMATION

Patient Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

2. INFORMATION REQUESTED

Please specify type of form:

- ☐ Sports Qualifying Form
- ☐ School form
- ☐ Daycare
- ☐ Camp
- ☐ Medication administration form

☐ Other

Do you also need?:

- ☐ Immunization Record ☐ Asthma Action Plan ☐ Allergy Action Plan ☐ Seizure Action Plan

3. HOW WOULD YOU LIKE INFORMATION DELIVERED

☐ Will pick up completed form at office; notify me at # (____) - _____ - _____

☐ Fax

Facility Name: _____

ATTN: _____

Fax number: _____

☐ Mail

Facility Name: _____

ATTN: _____

Address: _____

☐ **Verbal.** I give Children's Minnesota permission to speak about the patient information listed above in section 2 with the individuals listed above in section 3.

4. SIGNATURE

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



Completed by date: _____

Completed by initials: _____

PLACE PATIENT LABEL HERE