

How to Enroll in Lodgic Kids Camp

Looking to use Lodgic Kids Camp? Make sure your ducks are in a row. There are a variety of forms and requirements to prepare in order to get your child enrolled. You'll only need to do this once, then you can use Lodgic Kids Camp any time, any way you want!

1. Complete your enrollment forms.

Print the forms below or pick up hard copies of these forms at the front desk of Lodgic Kids Camp. If you have questions, please call 217-607-8184 or email KidsCamp.Champaign@Lodgic.org.

2. Gather your documents.

You'll need to get a few things together so we can get you started.

- Your child's **State-issued Birth Certificate.**
- State of Illinois Certificate of Child Health, signed by physician** consisting of:
 - **Completion of physical exam** (must include indications for TB and Lead sections or otherwise marked N/A).
 - **List of immunization records.**

3. You are ready to roll.

Once you have your forms and documents, just give us a call to set up a convenient time for you to drop off paperwork! One of our friendly staff will be happy to process your enrollment forms and get you registered to begin care with Kids Camp.

4. That's all. Let the adventures begin!

DCFS Provider ID # 570111

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Membership Enrollment

General

Parent/Guardian Name (Last, First): _____

Relationship to the Child: _____ **Note: This person can pick up anytime.*

Home Address: _____ City, State, Zip: _____

Email: _____ Cell Phone Number: _____

Place of Employment: _____

Place of Employment Address: _____ City, State, Zip: _____

Work Phone Number: _____ Work Hours: _____

Parent/Guardian Name (Last, First): _____

Relationship to the Child _____ Okay to Pick Up Same Address

Home Address: _____ City, State, Zip: _____

Email: _____ Cell Phone Number: _____

Place of Employment _____

Place of Employment Address: _____ City, State, Zip: _____

Work Phone Number: _____ Work Hours: _____

Child(ren):

1st Child's Name and DOB: _____ / _____ 2nd Child's Name and DOB: _____ / _____

3rd Child's Name and DOB: _____ / _____ 4th Child's Name and DOB: _____ / _____

Persons Allowed to Pick Up and Emergency Contacts (Other than Parent/Guardian) **Code Word:** _____

(Contacts picking up the above children must provide the Code Word and Valid ID in order to assume responsibility if parents are unavailable.)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Cell: _____ Phone: _____ Cell: _____

Okay to pick up anytime? Yes No

Okay to pick up anytime? Yes No

Parental Consents

I give permission for my child(ren) to:

- Watch a movie at Lodgic Kids Camp: Yes No
- Have sunscreen applied at Lodgic Kids Camp: Yes No
- Have diaper cream applied at Lodgic Kids Camp: Yes No N/A
- Have their photo/video used across all Lodgic Kids Camp Brand media sites: Yes No

Medical and Dental

Physician: _____ Phone: _____

Address: _____ City, State, Zip: _____

Hospital of Choice: _____ Phone: _____

Address: _____ City, State, Zip: _____

Dentist: _____ Phone: _____

Address: _____ City, State, Zip: _____

Insurance Carrier and Policy Number: _____

If the Child(ren) have any of the following: **(Identify by child’s name for each explanation)**

Dietary restrictions? _____

Allergies? _____

I give staff permission to label my child with listed allergy while in center: Yes No

EpiPen/Inhaler: Yes* No Medications: Yes* No

**If Yes, a Medication Authorization Form is required to be completed for your file.*

Any special needs? _____

Medical/physical needs? _____

Does the child take a nap? _____ Is the child toilet trained? _____

I GIVE MY CONSENT FOR THE ABOVE-NAMED CHILD(REN) TO RECEIVE EMERGENCY MEDICAL OR DENTAL TREATMENT IN THE CARE OF A PHYSICIAN AND/OR HOSPITAL OR CLINIC, AND I HAVE RECEIVED THE CENTER’S POLICIES AND PROCEDURES AND WILL REVIEW THEM THOROUGHLY SO THAT I MAY UNDERSTAND THE RIGHTS AND PROTECTION OF MY CHILD(REN) AND THE POLICIES, PROCEDURES, AND RULES OF THE CENTER.

Date of Enrollment — Parent/Guardian Signature: _____ Date: _____

Signature of the Director/Caregiver _____ Policies and Procedures

First-Year Review — Parent/Guardian Signature: _____ Date: _____

Signature of the Director/Caregiver _____ Policies and Procedures

Second-Year Review — Parent/Guardian Signature: _____ Date: _____

Signature of the Director/Caregiver _____ Policies and Procedures

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY

**SUMMARY OF
LICENSING
STANDARDS
FOR
DAY CARE
CENTERS**

Introduction

The Department of Children and Family Services (DCFS) is responsible for licensing day care centers. When a day care center is licensed, it means that a DCFS licensing representative has inspected the facility and the facility was found to meet the minimum licensing requirements. A license is valid for three years. The day care center's license must be posted. It will indicate the maximum number of children allowed in the facility and the areas where children may receive care.

Licensed day care facilities are inspected annually by DCFS licensing staff. If a complaint has been received regarding a violation of the licensing standards of a day care center, a licensing representative will conduct a licensing complaint investigation to determine if the alleged violation should be substantiated or unsubstantiated. Individuals may contact the Day Care Information Line to learn of substantiated violations.

Day Care Information Line 1-877-746-0829

This statewide toll-free information line provides information to the public on the past history and record, including substantiated violations, of licensed day care homes, day care centers, and group day care homes. This number operates Monday through Friday from 8:30 a.m. to 5:00 p.m.

Summary of Licensing Standards for Day Care Centers

The following is a summary of the licensing standards for day care centers. It has been prepared for you so that you may monitor the care provided to your child. This is a summary and does not include all of the licensing standards for a day care center. State licensing standards are *minimum* standards. If you observe a violation of any of these standards, you are encouraged to discuss your concerns with the day care center operator. In most cases, parents and day care operators are able to resolve the parents' concerns and issues. If you believe the day care operator is not responding to your concerns and may not be meeting state licensing standards, you may make a complaint to the local DCFS Licensing Office or by calling the Child Abuse Hotline at 1-800-252-2873 and stating that you want to make a licensing complaint. A DCFS licensing representative will investigate your complaint and report the results back to you. The day care center is required to provide a copy of its own written policies regarding the operation of the facility to each staff person and to parents of enrolled children.

This summary has been developed to assist parents in monitoring the care provided by the day care center.

For a complete copy of the Licensing Standards, write or call

*Department of Children and Family Services
Office of Child and Family Policy
406 East Monroe Street
Springfield, Illinois 62701
Telephone (217) 524-1983*

Licensing Standards for Day Care Centers may also be accessed through the DCFS Web site: www.state.il.us/dcfs and following the links to Part 407, Licensing Standards for Day Care Centers. You may also contact your nearest DCFS office.

Staffing

- The day care center must have a qualified child care director on site at all times. The director must be at least 21 years old, have completed two years of college or have equivalent experience and credentials.
- Early childhood teachers must be at least 19 years old, have two years of college or have equivalent experience and credentials.
- School-age workers must be at least 19 years of age and at least five years older than the oldest child in their care. They must have completed one year of college or have the equivalent experience and credentials.
- Early childhood assistants and school-age assistants must have a high school diploma or the equivalent and must work under direct supervision of an early childhood teacher or a school-age worker.
- Student and youth aides must be at least 14 years of age, at least five years older than the oldest child in their care, and must work under direct supervision of an early childhood teacher or a school-age worker.
- Student and youth aides are not generally counted for purposes of maintaining staff/child ratios.
- The director and all child care staff must have 15 hours of in-service training annually.
- All staff must have current medical reports on file and are subject to background checks for any record of criminal conviction or child abuse and neglect.
- A person certified in first aid, including CPR and the Heimlich maneuver, must be present at all times.

Group Size and Staff Requirements:

AGE OF CHILDREN	STAFF/CHILD RATIO	MAXIMUM GROUP SIZE
Infants (6 weeks through 14 months)	1 to 4	12
Toddlers (15 through 23 months)	1 to 5	15
Two years	1 to 8	16
Three years	1 to 10	20
Four years	1 to 10	20
Five years (preschool)	1 to 20	20
School-age: Kindergartners present	1 to 20	30

- Exception: One early childhood teacher and an assistant may supervise a group of up to 30 children if all of the children are at least five years of age.
- Whenever children of different ages are combined, the staff/child ratio and maximum group size must be based on the age of the youngest child in the group.

General Program Requirements

- Parents must be allowed to visit the center without an appointment any time during normal hours of operation.
- Staff must demonstrate respect for each child enrolled regardless of gender, ability, cultural, ethnic or religious differences.
- There must be a balance of active and quiet activity. Daily indoor and outdoor activities are to be provided for children to make use of both large and small muscles.
- In pre-school programs where children receive care for less than three hours per day, outdoor activity is not required.
- Children may not be left unattended at any time.

- Exits must be unlocked and clear of equipment and debris.
- Drills for fire and tornado must be conducted. A floor plan must be posted in every room indicating the areas providing the most safety in the case of a tornado and the primary and secondary exit routes in case of fire.
- Smoking or the use of tobacco products in any form is prohibited in the child care center or in the presence of children while on the playground or on trips away from the center.
- Play materials must be durable and free from hazardous characteristics.
- The facility may not use or have on the premises any unsafe children's product as described in the Children's Product Safety Act. Lists of unsafe children's products and recalls from 1989 to now are available at: www.idph.state.il.us/webapp/SRSApp/pages/index.jsp.
- The facility must be cleaned daily and kept in sanitary condition at all times.
- First-aid kits must be maintained and readily available for use.

Outdoor Play Area

- Play space must be fenced or otherwise enclosed or protected from traffic and other hazards. There must be a shaded area in summer to protect children from excessive sun exposure.
 - All areas of the outdoor play space must be visible to staff at all times.
 - Equipment must be free of sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, the potential for entrapment and/or other hazards.
 - Protective surfaces must be provided under equipment from which a child might fall
 - All swimming pools must be fenced or otherwise inaccessible to children.
 - During hours of operation and at all times that children are present there must be a means for parents of enrolled children to have direct telephone contact with a center staff person.
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- Medication must be kept in locked cabinets or other containers that are inaccessible to children.

Nutrition and Meals

- Menus must be posted.
- Meals and snacks must meet nutritional guidelines.
- Children in care two to five hours must be served a snack. Children in care five to 10 hours must be served a meal and two snacks or two meals and one snack. Children in care more than 10 hours must be served two meals and two snacks or one meal and three snacks.

Napping and Sleeping

- Children under six years of age who remain five or more hours must have the opportunity to rest or nap.
- Infants must sleep in safe, sturdy, freestanding cribs or portable cribs.
- Toddlers may use either stacking cots or full-size cribs.
- A cot or bed must be provided for each toddler or preschool child in attendance five or more hours. Each cot, bed or crib must be labeled with the name of the child.

Physical Space

- Infants and toddlers must be housed and cared for at ground level unless special approval has been granted from the Department.
 - Indoor space must provide a safe, comfortable environment for the children. Floors and floor coverings must be washable and free from drafts and dampness.
 - Toilets and lavatories must be readily accessible to the children.
 - Hot and cold running water must be provided.
 - Hazardous items must be inaccessible to children.
 - Parents must be notified before pesticides are applied, unless in an emergency
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Infants and Toddlers

- Infants and toddlers must be in separate space away from older children.
- A refrigerator and sink must be easily accessible.
- Toys and indoor equipment must be cleaned and disinfected daily. Safe, durable equipment and play materials must be provided.
- Either the day care center or the parent may provide food for infants not consuming table food. Feeding times and amounts consumed must be documented in writing.
- No food other than formula, milk, breast milk or water may be placed in a bottle for infant feeding. Microwaves are not to be used for bottle warming.
- Children who cannot turn over alone must be placed on their backs.
- The facility must have a clearly defined diaper changing area with the procedures for changing diapers clearly posted. A hand-washing sink must be accessible for hand washing.
- Staff changing diapers must wash their hands and the child's hands with soap and running water after diapering.
- Information about feeding, elimination and other important information must be recorded in writing and made available to parents when the child is picked up at the end of the day.

School-Age Children

- The facility must have a designated area for school-age children so they do not interfere with the care of younger children.
 - Clear definitions of responsibility and procedures are to be established among parent, day care center and school when children move to and from school.
 - A variety of developmentally appropriate activities and materials must be available for children. Opportunities must be provided to do homework, if requested.
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Evening, Night and Weekend Care

- Family-like groups of mixed ages are allowed.
- Staff must be awake at all times and in the sleeping area whenever children are sleeping.
- Each child must have an individual cot, bed or crib.
- An evening meal and a bedtime snack must be served.
- Breakfast must be served to all children who have been at the facility throughout the night and are present between 6:30 a.m. and 8:30 a.m.

Enrollment and Discharge

- Parents must be provided the names, business address and telephone number of persons legally responsible for the program.
- Parents must be provided, in writing, information on the program, fees, arrival and departure policies explaining to the parents and guardians what actions the caregiver will take if children are not pick up at the agreed upon time, and the guidance and discipline policies.
- Parents must complete an enrollment application, which includes, for first time enrolment, providing a certified copy of their child's birth certificate (which will be copied by the center and returned to the parent), emergency numbers, and persons authorized to pick up their child.
- A child may only be released to a parent or other responsible person designated by the parent.
- Daily arrival and departure logs must be kept by the center.

Guidance and Discipline

- Parents must be given a copy of the guidance and discipline policy.
 - The following are prohibited:
 - corporal punishment
 - threatened or actual withdrawal of food, rest or use of the bathroom
 - abusive or profane language
 - public or private humiliation
 - emotional abuse, including shaming, rejecting, terrorizing or isolating a child
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- "Time-out" is to be limited to one minute per year of age. "Time-out" may not be used for children less than two years of age.

Transportation

- The driver must be 21 years of age and hold a driver's license that has been continuously valid for three years.
- Children must not be allowed to stand or sit on the floor of the vehicle. Age appropriate safety restraints must be used when transporting children in vehicles other than school buses.
- The driver must make sure that a responsible person is present to take charge of a child when delivered to his or her destination.

Health Requirements for Children

- A medical report indicating that the child has been appropriately immunized must be on file for each child. A tuberculin skin test is to be included in the initial exam unless waived by a physician.
 - The medical report is valid for two years for infants and preschool children. Exams for school-age children are required consistent with the requirements of the public schools.
 - The center will comply with the Illinois Department of Public Health's Hearing and Vision Screening Codes and the Illinois Child Vision and Hearing Test Act.
 - Children aged one to six years must have either a lead risk assessment or a lead screening.
 - Water must be freely available to all children.
 - Children's hands must be washed with soap and water upon arrival at the center, before and after meals or using the toilet, after wiping or blowing their noses, after outdoor play and after coming into contact with any soiled objects.
 - Prescription and non-prescription medication may be accepted only in its original container. The center must maintain a record of the dates, times administered, dosages, prescription number (if applicable) and the name of the person administering the medication.
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CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)
received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.



State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED
CHILD CARE FACILITIES
CFS 600
Rev 11/2013



Student's Name			Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle	Month/Day/Year			
Address			Parent/Guardian		Telephone # Home Work	
Street	City	Zip Code				

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Vaccine / Dose	1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	DTP or DTaP																	
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Hepatitis B (HB)																		
Varicella (Chickenpox)										COMMENTS:								
MMR Combined Measles Mumps. Rubella																		
Single Antigen Vaccines	Measles			Rubella			Mumps											
Pneumococcal Conjugate																		
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza																		

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
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3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella

Lab Results (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN

Date																					Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
Age/Grade																					
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	
Vision																					
Hearing																					

Student's Name	Birth Date	Sex	School	Grade Level/ ID #
Last _____ First _____ Middle _____	Month/Day/ Year _____			

HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during the night	Yes	No		Yes	No
Birth defects?	Yes	No	Hospitalizations? When? What for?	Yes	No
Developmental delay?	Yes	No		Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	Surgery? (List all.) When? What for?	Yes	No
Diabetes?	Yes	No	Serious injury or illness?	Yes	No
Head injury/Concussion/Passed out?	Yes	No		TB skin test positive (past/present)?	Yes*
Seizures? What are they like?	Yes	No	TB disease (past or present)?	Yes*	No
Heart problem/Shortness of breath?	Yes	No	Tobacco use (type, frequency)?	Yes	No
Heart murmur/High blood pressure?	Yes	No	Alcohol/Drug use?	Yes	No
Dizziness or chest pain with exercise?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____			Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other _____		
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Information may be shared with appropriate personnel for health and educational purposes.		
Ear/Hearing problems?	Yes	No	Parent/Guardian Signature		
Bone/Joint problem/injury/scoliosis?	Yes	No	Date		

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE	HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				
LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ (Blood test required if resides in Chicago.)				
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. No test needed <input type="checkbox"/> Test performed <input type="checkbox"/>				
Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____				
Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____				

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Antagonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting	DIETARY Needs/Restrictions
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SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes No If yes, please describe. _____
On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified, please attach explanation.)

PHYSICAL EDUCATION Yes No Modified **INTERSCHOLASTIC SPORTS** (for one year) Yes No Limited

Print Name _____ (MD, DO, APN, PA) Signature _____ Date _____

Address _____ Phone _____

(Complete both sides)