

PEDIATRIC PARTNERS, S.C.

USE THIS FORM FOR COMPLETING SCHOOL/CAMP FORM – ATTACH TO FORM REQUIRING COMPLETION
COMPLETE ONE FORM PER CHILD

Section to be completed by Parent:

Date Form Dropped Off: _____ Time Form Dropped Off: _____ AM/PM

Child's Full Legal Name: _____

Child's DOB: _____

Date of Last Well Visit: _____

Date Needed By: _____

Please allow up to 14 business days for processing your request

School/Camp Name: _____

Current Medication Child is Taking (include dose and x's per day taken: _____

Medication to be Taken @ Camp/School: (include dose & x's per day taken: _____

Stamped Address Envelope Attached: _____ Yes _____ No

Telephone No# To Be Called To Pick Up Form: _____

Section to be completed by Front Desk/Med Rec Dept.

PCC Acct No# (Fame) _____

Date Received Form _____

Staff Initials _____

Date Pulled Chart: _____

Staff Initials _____

Date Given to Nursing Staff: _____

Staff Initials _____

Parent Section of Requested Form Completed: _____ Yes _____ No Staff Initials _____

\$10.00 Payment Collected: _____ Yes _____ No Staff Initials _____

\$10.00 Fee discussed with family _____ Yes _____ No Staff Initials _____

Section to be completed by Nursing Staff:

Date Received Form from FD/Med Rec _____ Staff Initials _____

Date Form Completed By Nursing Staff _____ Staff Initials _____

Date Form Returned to Med Rec Dept _____ Staff Initials _____

Section to be completed by Med Records:

Date Received Form from Nursing _____ Staff Initials _____

Date Mailed Form in Stamped Addressed Envelope _____ Staff Initials _____

Date Called to Pick Up Form _____ Staff Initials _____

Date Filed in Chart _____ Staff Initials _____

