



NORTHWESTERN CHILDREN'S PRACTICE

680 N. Lake Shore Drive, Ste 1050 ▪ Chicago, IL 60611
T: 312-642-5515 ▪ F: 312-642-0753

Request for Health and Camp Forms

I am requesting a camp/health form to be completed for the following child(ren):

Child's Name _____ Birth Date: _____

Child's Name _____ Birth Date: _____

Child's Name _____ Birth Date: _____

Child's Name _____ Birth Date: _____

How would you like to receive your completed form?:

Mailed: _____ (please provide complete address)

Faxed: _____ (Please provide fax number)

Emailed: _____ (Please provide your email address)

Picked up: _____ (Please provide best number to contact you)

By signing this, I am aware that the fee to complete the form is \$10 per child.

Signature _____

Date: _____

Contact Number: _____