Metropolitan Pediatrics

FORM COMPLETION REQUEST

Patient Name: _____ **Date of Birth:** _____

Type of form requested:

- ☐ Sports Qualifying Form
- ☐ School Form
- ☐ Daycare
- ☐ Camp
- ☐ Medication Administration Form
- ☐ Special Olympics
- ☐ Head Start/CAP/PICA
- ☐ Therapeutic Horseback Riding
- ☐ Other, specify:

Do you also need:

☐ Immunization Record? ☐ Asthma Action Plan? ☐ Allergy Action Plan?

For return of forms, please select **one** of the options below and complete the information:

FAX to: Number: _____ Attention: _____

Mail to: Attention: _____ Address: _____

Pick Up: MP Office: _____ Notify At: (____) _____

Encrypted E-Mail: Address: _____

Please note: Your child must be up-to-date on physical exams in order to complete forms. Forms may take up to 72 hours to complete.

I give permission for Metropolitan Pediatrics, PA to complete form(s) as indicated. (If the child is 18 years old or older, their signature is required.

Printed Name of Parent/Guardian: _____

Contact Number for Questions: _____

Signature of Parent/Guardian: _____

Today's Date: _____

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