

KIDS Foundation EpiPen Application Form

Details will be kept confidential

Names	List Members of family requiring EPIPENS:	DOB:	AGE:
Contact Address			
Contact Phone No			
Currently hold a community service card Y / N	Please circle gross joint income of Parents/ Adult Patients: Under \$20k / \$20-45k / \$45k-\$60k / Over \$60k		
<p><i>I give permission for details given on this form to be used for a KIDS Foundation EPIPEN register, to enable forward planning of the types and quantities of EPIPENS to be fundraised for by the Foundation.</i></p> <p><i>Expiry date details will be noted and replacement EPIPENS sent out automatically if funds are available.</i></p> <p><i>If additional EpiPens are required within a 12 month period; assistance will be considered on a needs basis.</i></p>			
Medical condition requiring EPIPEN: (Please give specific details)			
Junior EPIPEN Or Adult EPIPEN (Circle correct item) (remember to notify us if a child progresses to the Adult product)			
Any other information you might feel we should know relating to this application;			
I hereby confirm that the above details are correct Signed;-----Date; ----- Name; ----- Relationship to patient; -----			