PEDIATRIC FORMS REQUEST

Does Your Child Need a Form for School, Sports, or Camp?

- If your child has had a check-up within 1 year at Kaiser, we can complete a form for you.
- If your child has NOT had a check-up within 1 year, please book an appointment for a check-up through your kp.org account or the Call Center at 415-833-2200

2238 Geary Blvd., 5th Floor / Geary Campus	1600 Owens St., 3rd Floor / Mission Bay Campus
➢ Complete the forms request intake form below ➢ Complete the parent part of the form before submitting the form. ➢ Forms are usually processed within 3 business days.	➢ Complete the forms request intake form below ➢ Complete the parent part of the form before submitting the form. ➢ Forms are usually processed within 3 business days.
You May Submit Your Form & Intake Form By: a. Email: sfpedforms@kp.org b. Drop Off in Person: 2238 Geary, 5th Floor	**You May Submit Your Form & Intake Form By:** a. Email: sfpedformmissionbay@kp.org b. Drop Off in Person: 1600 Owens Street, 3rd Floor
Completed forms can be returned to you by: a. Secure Message: if you are active on KP.ORG once complete, the form will be sent to use via your Kaiser secure message account b. Email: Option only available to families who DO NOT have a kp.org account you must also complete and sign the release of information below.	**Completed forms can be returned to you by:** a. Secure Message: if you are active on KP.ORG once complete, the form will be sent to use via your Kaiser secure message account b. Email: Option only available to families who DO NOT have a kp.org account you must also complete and sign the release of information below.

Forms Request Intake Form *** PLEASE PRINT CLEARLY ***

Today's Date:	**Parent/Guardian Name:**		
#1 Child's Name:	**#1 Birthdate:**	**#1 Type of Form?**	**#1 Medical Record No.**
#2 Child's Name:	**#2 Birthdate:**	**#2 Type of Form?**	**#2 Medical Record No.**
Address/City/State/Zip Code:	**What is the best phone number to contact you?**		

Please Attach Your Form

(Make sure form includes your child's name, and any parent portion need to be already completed.)

[ ] Please email form (only available if you do not have a kp.org account)

If Form is to be emailed, PARENT CONSENT IS REQUIRED.

I am the parent of _____ and hereby authorize Kaiser-San Francisco
(name of child)
to email the requested form to _____ at
(name of person)
[ ] email address: _____ @ _____

_____ _____
(Parent signature) (Date)

***FOR OFFICE USE ONLY: FORM COMPLETED: ( ) YES ( ) NO**

APPOINTMENT NEEDED?	MESSAGE LEFT: Time:	DATE MAILED:	FAXED:	EMAILED:

COMMENTS: