



We Love Children Fund Inc.
262 North Marion Street, Fall River, MA 02723
Telephone: 508-672-0477 or 508-324-2797
Fax: 508-324-2798 | Tax ID: 04-2935546

Parent/Guardian's Name:

Child's Name:

Child's Date of Birth:

Age:

Home Address:

City:

State:

Zip Code:

Phone Number:

Email:

Nature of Child's Illness:

Physician or Hospital Contact:

Phone Number:

In regard to this request, I authorize the "We Love Children Fund Inc." to contact the above physician/hospital for release of medical information pertaining to the medical condition of my child.

Parent/Guardian Signature:

Date:

Parent/Guardian Signature:

Date: