

## Mikey's Way - Patient Wish List

2228 Black Rock Turnpike, Suite 311 Fairfield, CT 06825 203-873-0671

This form can only be submitted by the Child Life Department of a participating hospital.

## **PLEASE PRINT CLEARLY!**

Patient Information	
Name:	Date:
Address:	Apt#:
(No P.O. Box)  City:	State: Zip Code:
Phone #: Email addre	ess: (We will send tracking information about the gift)
Recipient Age:	
Parental Signature for Shipping:	
Hospital Information	
Child Life Specialist:	Child Life Phone#:
Child Life Specialist Email:	
Primary Care Physician:	Physician Phone#:
Gift Information —	
Choose one of the following according to the patient's age: (under 2 will receive an age-appropriate gift)	
<u>2 – 5 years old:</u>	5 years old and up:
□ VTech Electronic Gift	☐ iPod Touch
Youth Tablet	■ Nintendo 3DSXL
☐ Nintendo 2DS	□ Tablet
	□ Laptop
If choosing a gaming system, please list below a game you would like with your system:	
	_

Fax to: 203-873-0672 Email to: Mikeyswayfoundation@gmail.com