



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 address: _____
(We will send tracking information about the gift)

Recipient Age: _____ Recipient Gender: Male Female

Parental Signature for Shipping: _____

Hospital Information

Hospital Where Being Treated: _____

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)

<p><u>2 – 5 years old:</u></p> <p><input type="checkbox"/> VTech Electronic Gift</p> <p><input type="checkbox"/> Youth Tablet</p> <p><input type="checkbox"/> Nintendo 2DS</p>	<p><u>5 years old and up:</u></p> <p><input type="checkbox"/> Sony PS VITA* <input type="checkbox"/> iPod Touch</p> <p><input type="checkbox"/> Nintendo 3DSXL <input type="checkbox"/> Laptop</p> <p><input type="checkbox"/> Tablet</p> <p><small>*PS Vita recommended for ages 12 and up.</small></p>
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If choosing a gaming system, please list a game you would like with your system:
