



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: _____

(Only needed if required by hospital)

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)

2 – 5 years old:

- VTech Electronic Gift
- Youth Tablet
- Nintendo 2DS

5 years old and up:

- iPod Touch
- Nintendo 2DSXL
- Nintendo 3DSXL
- Tablet
- Laptop

If choosing a gaming system, please list below a game you would like with your system:
