



"We Get Them There When You Can't"

Totz 'N' Teenz on Wheelz Medical Consent Form

In case of emergency, Totz 'N' Teenz on Wheelz has my consent to authorize medical care for my child(ren) listed below:

Our family physician is: _____

His/Her address is: _____

His/Her telephone# is: _____

Our hospital preference is: _____

Allergies or medical conditions: _____

Contact me immediately at: _____

If unable to contact me, please call:

_____ @ _____
Name Telephone

_____ @ _____
Name Telephone

Signed by

Name: _____

Address: _____ City _____ Zip _____

Telephone: _____ Date: ____/____/____

Please remit to:

Totz 'N' Teenz on Wheelz
1925 Rothmullan Dr.
Charlotte, NC 28262
(704) 717-2840

Thank you for registering with us!