Dear Parent/Guardian:

The Advocate Children’s Hospital Ronald McDonald Care Mobile is scheduled for ________________ on ________________________.

Our mission is to offer easy access to quality health care (health screenings, school or sports physicals and immunizations) for your child; we work with schools and community groups to provide free services at schools and community centers.

To provide the best and safest care for your child we need the forms in this packet completed, including all signatures. Packet includes:

- Patient Information Sheet which includes consent for treatment
- Child history form and/or sports history form
- Vaccine (shot) records (if not provided by the school)
- Insurance information if applicable (Medicaid plan name and ID number)

Your consent for treatment will allow us to immunize your child according to CDC and IDPH guidelines. Please view the following website for information on the vaccine schedule and Vaccine Information Sheets for each immunization:
http://www.cdc.gov/vaccines/hcp/vis/current-vis.html

We encourage parent/guardian participation in the child’s visit, so please include a phone number where we may reach you during school hours.

To fully care for your child, we look at the many needs of each child and family. When possible, we provide support to meet those needs. We will also assist you with referrals for ongoing health care and application information for state-funded health insurance if desired.

**All services are provided at no cost for students without insurance or with Medicaid (state-funded insurance) but we cannot accept students with private insurance.**

We look forward to providing your child with the best health care possible!

The Advocate Children’s Hospital Ronald McDonald Care Mobile Staff