



dedicated to finding a cure

For Office Use Only
Received by: _____
Entry into database: _____
Connected to Mentor <input type="checkbox"/> Yes <input type="checkbox"/> No

Western Wisconsin Chapter Information Form

Primary Parent's Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

Secondary Parent's Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

Child's Name: _____

Date of Birth: _____ Date of Diagnosis: _____

School: _____ Grade: _____

Endocrinologist: _____

Additional Information that may be helpful in determining most appropriate mentor family:

Child's Hobbies: _____

Sibling's Names/Ages: _____

Other: _____

In submitting this form, I agree to release the contact information provided above to the Juvenile Diabetes Research Foundation. If I have noted my desire for personal support below, JDRF staff or volunteers may contact me to offer their support to me and my family. I also understand that in providing this information to JDRF they will periodically send information to me regarding chapter activities, family events as well as information about JDRF research, etc.

Signature of Parent / Guardian: _____ Date: _____

- Send me a Bag of Hope
- Connect me with a JDRF Mentor
- Send School Advisory Toolkit

Please fax completed form to **608-833-9214** or mail to:

JDRF Western Wisconsin Chapter, 434 S. Yellowstone Drive, Suite 202, Madison, WI 53719