Wallingford Wishing Well
382 North Cherry Street Ext.
Wallingford, CT 06492
Phone (203) 294-0060
Fax (203) 741-0499

Medical Request Form

Requested By:
Name of School:
Phone, Email and/or Fax #:

Name of Child: **(Please circle one) Gender: M / F**
Address:
Phone #:

Mother/Father's Name:
# of children in household:

Please indicate what the child is in need of and give a brief description why the family is unable to provide these items:
(for example: prescriptions, eye glasses, medical equipment, etc.)

Please include contact name, name of child, address and phone number.
Requests will NOT be processed if contact information is not complete.