

CHILDRENS VITAMIN CLUB ENROLLMENT FORM

CHILD/FAMILY INFORMATION

PARENT/GUARDIAN FULL NAME: _____ DATE: ____/____/____

CHILD FULL NAME: _____ DATE OF BIRTH: ____/____/____

CHILD FULL NAME: _____ DATE OF BIRTH: ____/____/____

CHILD FULL NAME: _____ DATE OF BIRTH: ____/____/____

CHILD FULL NAME: _____ DATE OF BIRTH: ____/____/____

PHONE: _____ EMAIL: _____

HOME ADDRESS: _____ CITY/STATE/ZIP: _____

PREFERRED PHARMACY:

- WAGNER CLINIC PHARMACY (MEDICAL ASSOCIATES)
- WAGNER PHARMACY (DOWNTOWN)
- WAGNER PHARMACY & WELLNESS CENTER (N 2ND ST)

PEDIATRICIAN: _____

DO ANY OF THE CHILDREN YOU WISH TO ENROLL IN THIS PROGRAM HAVE ANY HEALTH CONDITIONS OR ALLERGIES WE SHOULD BE AWARE OF? IF SO, PLEASE LIST THEM AND THAT CHILD ASSOCIATED WITH THEM.

- YES:
 - CHILD: _____ CONDITION(S): _____
 - CHILD: _____ CONDITION(S): _____
 - CHILD: _____ CONDITION(S): _____
 - CHILD: _____ CONDITION(S): _____

NO

PROGRAM RULES

Participants in Wagner Pharmacy Company's Children's Vitamin Club, upon enrollment, are allowed one (1) FREE thirty (30) count bottle of Wagner Brand Children's Chewable Multivitamins, monthly, for the duration of the program, or until the child becomes ineligible due to age restrictions. Children must be at least four (4) years of age to participate, and remain eligible until thirteen (13) years of age. The multivitamins supplied are for pick-up only, and are ineligible for Wagner's free delivery service. The enrolled child must be present at the time of pickup, and present their Official Children's Vitamin Club Punch Card to receive their vitamins, however exception may be made as participants become familiar with the program. If necessary, per their professional judgment, a Wagner pharmacist may contact your child's pediatrician to confirm their approval of your child's usage of Wagner Brand Children's Chewable Multivitamins. By signing below, I confirm understanding of the program rules illustrated.

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____