



Dream Center Baldwin County

1113 N. McKenzie St.

Foley, AL 36536

Joseph Aldrete

Executive Director

Cell: (251) 504-6210

Jaldrete@ccfoley.com

Cost: Free (At this time)

Referral Date: _____

Referring Agency: _____

Referring Agency Point of Contact: _____

Child's Name: _____ Date of Birth: _____

Race: _____ Gender: _____ School: _____ Grade: _____

Address: _____

Phone Number: Home: _____ Cell: _____

Parent(s): _____

Legal Guardian(s): _____

Emergency Contact: _____

Does child have any physical handicaps or limitations? Yes ___ No ___. If yes, please explain:

Any allergies? Yes ___ No ___. If yes, please explain: _____

Emergency Medical Treatment:

Dream Center Baldwin County is given consent to seek any necessary emergency medical treatment for my child. This consent includes authority for ambulance transport as may be necessary under the circumstance.

The undersigned parent(s) or Guardian(s) accept full financial responsibility for any emergency medical services rendered to my child. See attached disclaimer.

Religious Discussion:

Dream Center Baldwin County is ___ is not ___ authorized to enter into religious discussions with my child.

_____ Parent(s)/Legal Guardian(s) Signature Date