The **Brain Tumor Foundation for Children** invites you to add your name to our mailing list. In so doing, you will receive quarterly newsletters with valuable and interesting information, as well as notices about social activities available for your child and your family. There is no charge for any of our services or activities and we will not give or sell your address to anyone.

Please add me to the mailing list of the Brain Tumor Foundation for Children, Inc.

NAME OF PATIENT: _____ DOB: _____ SEX: ____

TREATMENT FACILITY: _____

PRIMARY PHYSICIAN: _____

DIAGNOSIS: _____ DATE OF DIAGNOSIS: _____

NAME OF PARENT/S: _____

SIBLING'S NAME: _____ DOB: _____ SEX: _____

SIBLING'S NAME: _____ DOB: _____ SEX: _____

SIBLING'S NAME: _____ DOB: _____ SEX: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

TELEPHONE: (H) _____ (W) _____ (C) _____

Email Address(es): _____

Would you like to be included on our Parent Email List to receive announcements about events and helpful information?
Yes _____ No _____

AUTHORIZATION FOR INFORMATION EXCHANGE

I hereby authorize staff of the Brain Tumor Foundation for Children, Inc. to:

____ obtain information from and/or ____ provide information to

Hospital: _____ Phone: _____

NOTE: The release of information may be revoked at any time by the persons signed below. All revocations must be made in writing and signed.

_____	_____	_____	_____
Signature of Parent	Date	Room Number	Estimated Discharge Date

I do not wish to receive a visit from the Brain Tumor Foundation for Children _____ (check here).

Please return form to **Brain Tumor Foundation for Children (BTFC)** staff or mail/fax to:
6065 Roswell Road, Suite 505; Atlanta, GA 30328-4015
Phone: 404.252.4107 Fax: 404.252.4108 Email: sherry@braintumorkids.org