



Joe DiMaggio  
Children's Hospital®



**Please submit no later than April 25, 2025**  
**For patients under 18, this form must be filled out by a parent or caregiver.**

**PATIENT INFORMATION**

First Name Last Name Age Gender

Mailing Address City / State Zip Code

Phone Number Email

Dietary Restrictions / Food Allergies: \_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician Name Phone Number

**PARENT/GUARDIAN INFORMATION**

Parent / Guardian Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Best way to reach family: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Phone #1 : \_\_\_\_\_ Phone #2 : \_\_\_\_\_

## PROM DETAILS

**A Prom Pal is a Hospital Staff designated to give assistance during the event if needed.**

On Prom night, would you like/need a Prom Pal to help you celebrate?  YES  NO

Medical Needs of Patient: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GUEST INFORMATION

(if no guest, "write NONE") \*PLEASE NOTE PARENTS CANNOT BE A GUEST\*\*

First Name	Last Name	Age	Gender	Phone Number
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Email: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Guest Emergency Contact Name: \_\_\_\_\_

Phone # 1: \_\_\_\_\_ Phone #2 : \_\_\_\_\_

Primary Language: \_\_\_\_\_

Dietary Restrictions / Food Allergies: \_\_\_\_\_  
\_\_\_\_\_

Signature

Date

## PROM DRESS EVENT REGISTRATION

Patients attending the 2025 JDCH Prom are welcomed to pick out a dress at our Prom Dress Event. Light refreshments and snacks will be provided. Parent attendance is encouraged!

Will you be attending our in-person event to **pick out a prom dress** on May 10<sup>th</sup> 2025?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

\_\_\_\_\_  
Patient's First Name

\_\_\_\_\_  
Patient's Last Name



Signature

Date