



Children ages 0-17 • December 17-19th, 2024 • 10am-3pm
PLEASE BRING THIS FORM TO SCHEDULED LOCATION

Parent/Guardian name _____

Physical address _____

Parent tribal affiliation _____

Phone number _____

Child's Name	Age	Gender	DOB	Tribal Affiliation
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

PARTICIPATION REQUIREMENTS

- Children and/or parent must have tribal affiliation and live in Lake County
- Children must be an LCTHC Patient
- One toy per child in household (while supplies last, first come first serve)

STAFF USE ONLY	
Agency Name: Lake County Tribal Health Consortium	Pickup Date (circle one):
Staff Name _____	12/17 12/18 12/19
Staff Signature _____	Staff Initials _____



Lake County Tribal Health

707-263-8382
 1-800-750-7181

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