



Fearless Flyers

Application for Special Needs discount

Legal Guardian Name:

Legal Guardian Phone #:

Legal Guardian Email:

Patient Name:

Mailing Address:

Radio Flyer Product Desired *(include Product Name and Model #)*:

Will the Radio Flyer product be a part of the patient's medical treatment plan?

Yes

No

Please describe how the Radio Flyer product can benefit the patient physically, emotionally, psychologically, and/or socially:

To be completed by patient's physician, medical social worker, physical therapist, or child life specialist:

Name and Title:

License Number:

Hospital/Practice Name:

Patient's Medical Diagnosis:

Signature of
Medical Care Provider

Signature of
Legal Guardian

Date