

WONDERFOLD® WARRIOR

Thank you for thinking about us for your family.

We'd love to offer family members with special needs a 25% discount on any WonderFold wagon and accessories of your choosing!

Please complete and email this form to info@coolkidz.com.au. Make sure you use the same email address for all forms and documents relating to your application.

Patient/Parent/Guardian details

Patient's Name

Parent/Guardian's Name

Address

Suburb

State

Postcode

Email

Phone Number

THIS SECTION MUST BE COMPLETED BY THE PATIENT'S MEDICAL CARE PROVIDER

Name

Title

Provider Number

Hospital or Medical Centre

Patient's Medical Diagnosis

Please describe how the WonderFold Wagon will benefit the patient emotionally, physically, psychologically, and/or socially

Will the WonderFold Wagon/Accessories be a part of the patient's medical treatment plan? Yes / No

Medical Care Provider Signature

Medical Care Provider Stamp

Date

I confirm that all information provided in this form is complete, true and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for termination, whenever discovered.

Parent/Guardian's Signature

Date

Please allow 3-5 business days for your application to be processed.
If for some reason you do not hear back within 5 business days, please email info@coolkidz.com.au