



136 W Peoria Street, Pasadena, CA 91103
Phone: 626.795.5166 • fax: 626.795.8154

Volunteer Pharmacy Involvement Form

Pharmacy Name: _____ Today's Date: ____/____/____

Pharmacy Address: _____

City: _____ State: _____ Zip Code: _____

Pharmacy location (cross streets): _____

Phone: (____) _____ Fax: (____) _____

E-mail Address: _____ Contact person: _____

Pharmacist's name: _____

Do you accept: MediCal Covered California

I am willing to participate in the following way(s) for Young & Healthy (check all that apply):

I am willing to provide _____ FREE prescriptions per month.
(please specify #)

I am willing to bill Young & Healthy for prescriptions at a discounted rate.

I would be willing to lead a Parent Education session on the following topic(s): _____

May we use your name in Young & Healthy publications? yes no

Do you have colleagues who you believe would be interested in learning more about Young & Healthy?
(name & contact info) _____

As part of my professional response to the need for health care of large numbers of under and uninsured children in the Pasadena community, I am volunteering the services I have checked, above, for children identified by Young & Healthy.

Pharmacist's Signature: _____ Date: _____

Please mail, FAX or email this form to:
Young & Healthy, 136 West Peoria Street, Pasadena, CA 91103, Fax: (626) 795-8154,
email: info@yhpasadena.org