

Application for 'I Can't Wait!' card

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

_____ *Suburb City Post Code*

Email Address: _____

To be completed by your Doctor, Specialty Nurse or IBD Nurse

I certify that _____ has a chronic medical condition, that at times requires urgent access to a toilet.

Signature: _____ Date: _____

Check List

- Has application been filled out completely?**
Please note we need address for posting the card and email address in case there is an issue so we can contact you.
- Has your Doctor, Specialty Nurse or IBD Nurse signed the application, stamped and dated it?**

Please email your form to info@crohnsandcolitis.org.nz

or post to: Crohn's & Colitis New Zealand Charitable Trust,
PO Box 41145, Eastbourne, Lower Hutt 5013