



first contact card

I hereby give my consent for the Queensland Cerebral Palsy Register to contact me concerning registration.

Name of primary contact: _____ Signature: _____

Address: _____ Post Code: _____

Phone: _____ Email: _____

Name of person with cerebral palsy: _____ DOB: ____/____/____

Please complete this card and return it in the envelope provided or send to QCPR, Reply Paid 386, Fortitude Valley QLD 4006

leading to a better understanding of cerebral palsy



Queensland
Government



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