



Helping Other People with Epilepsy  
ribbonsforkellsey, inc.

Applicants Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Date diagnosed with Epilepsy \_\_\_\_\_

Parents / Legal Guardians Name \_\_\_\_\_

Tell Us Your Story

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Please mark the items you are requesting-

\_\_\_\_\_ Seizure Safety Pillow

\_\_\_\_\_ Medical Alert Bracelet

\_\_\_\_\_ SAMi

\_\_\_\_\_ Other \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ribbonsforkellsey, inc.**

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Website: www.ribbonsforkellsey.com

For ribbonsforkellsey use only-

Date submitted \_\_\_\_\_ Approved by \_\_\_\_\_