



Minnesota EMS for Children

Kjelsey Polzin

Program Manager

5901 Lincoln Drive

CBC-3-ADV

Minneapolis, MN 55436

**612-813-6939 (please leave
message if no answer)**

ems4childrenMN@gmail.com

Pediatric Champion

Complete form and return by email or mail:

Service Name: _____

Street Address: _____

City: _____

County: _____ Zip Code: _____

Name of Designated Peds Champion: _____

Peds Champion Cell Number: _____

Peds Champion Email: _____

Signature of Peds Champion: _____

Signature of Person Completing Form (only if different from Peds Champion):

Date: _____