



# Wish Request Form

All information will be kept confidential.

## Legal Father/Legal Guardian Information

Are you the primary contact?

Yes

No

Legal Father's/Legal Guardian's Full Name

T-shirt Size

Address

City

State

ZIP Code

Primary Telephone:

Home

Work

Cell

Other

Email

Occupation

Primary Language

Marital Status: Married

Divorced

Separated

Widowed

Single

Do you have a valid driver's license?

Yes

No

If no, please indicate if you have another valid form of ID.

Please indicate if you are an active member or veteran of the military or a first responder:

Yes

No

## Sibling Information

Please list all brothers and sisters under 18 years of age residing with your Wish Child.

Sibling's Full Name Date of Birth Age Gender: M F T-shirt Size

Legal Parent(s) Name(s) Who has custody of child?

Sibling's Full Name Date of Birth Age Gender: M F T-shirt Size

Legal Parent(s) Name(s) Who has custody of child?

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Legal Parent(s) Name(s) Who has custody of child?

Sibling's Full Name Date of Birth Age Gender: M F T-shirt Size

Legal Parent(s) Name(s) Who has custody of child?

# Wish Information

All information will be kept confidential.

Have you contacted any other organization about your child's wish?

Yes No

If yes, please specify which organization(s) and what their responses was. Be sure to attach copies of any letters regarding denial of your child's wish.

Please list prior wishes granted, indicating dates and organizations.

What is your child's wish? Please remember that only ONE wish can be granted; however, we ask that you list three in case one or more are not possible.

1)

2)

3)

Tell us about your Wish Child's favorites.

Color:

Game/Activity:

Movie/TV Show:

Book:

Character:

Sport/Team:

Snack Food:

Any other information we should know about your Wish Child?

A representative will contact you to discuss details of your child's wish. Please be sure to complete the wish application in its entirety. Please feel free to call our office with any questions regarding your child's request.

# Physician and Medical Information

All information will be kept confidential.

Hospital:

Clinic:

## Physician

Physician's Name Office Telephone Fax Email

## Social Worker

Social Worker's Name Office Telephone Fax Email

## Child Life Specialist

Child Life Specialist's Name Office Telephone Fax Email

# Medical Release

All information will be kept confidential.

To grant your child's wish, we must contact his/her primary care physician to obtain information regarding his/her medical condition, which will enable us to serve your child to the best of our abilities. Please sign below to authorize your child's primary care physician to provide this information to **a Wish with Wings**. An "Authorization for Use/Disclosure of Protected Health Information" (HIPAA) form will be sent to you upon acceptance of said wish.

I/We authorize my/our child's primary care physician to provide **a Wish with Wings** the information necessary to grant my/our child's wish. I am the biological parent or legal guardian of \_\_\_\_\_ with the authority to execute this authorization permitting **a Wish with Wings** to obtain the information requested in this Wish Request Form. I/We further release, indemnify and hold harmless **a Wish with Wings**, its volunteers, officers, agents and employees from any damages, claims, causes of action, losses or liabilities arising out of the activities of **a Wish with Wings** with our family.

**Both parents/legal guardians must sign below and have their signatures witnessed.**

Parent/Legal Guardian's Signature

Witness' Signature

Parent/Legal Guardian's Signature

Witness' Signature

Signed this \_\_\_\_\_ day of \_\_\_\_\_

Date

Month

Year

P 817-469-9474 | F 817-731-3399 | AWWW.org  
3751 West Freeway, Fort Worth, TX 76107



# Physician's Statement and Authorization

All information will be kept confidential.

I am aware that \_\_\_\_\_ has requested a wish be granted by a **Wish with Wings**. This child is currently receiving treatment for a life-threatening condition, and he/she has a reduced likelihood of reaching adulthood because of that illness. I have read the information provided in the "Wish Information" section (request information from parent/guardian) and feel there will be no problem granting any of the wishes indicated, providing the following conditions are met. I understand this permission can be withdrawn at any time should the need arise and **a Wish with Wings** will be notified in the event withdrawal is necessary. I also understand this medical authorization is valid only for 90 days from the date below and written reapproval may be necessary after that date. If the child's request is a trip, he/she has my permission to travel by airplane to his/her destination.

Physician's Signature

Date

Medical Condition/Diagnosis

Date Diagnosed

Current Physical Limitations

## Medical Requirements (please check all that apply)

Oxygen (liters per minute)

Wheelchair Assistance

Other (please specify)

## Dietary Requirements (please specify)

## Other Requirements (please specify)

## Physician Comments

# Media Release

All information will be kept confidential.

The stories of **a Wish with Wings** are those of our children as told to a newspaper, magazine, radio or television station, by video or slide presentation, on our Facebook page and/or website. By spreading information about the work of **a Wish with Wings** in this manner, we are able to raise funds so that more of our children may have their wishes granted. We ask your permission to share your child's story with the media and tell how **a Wish with Wings** has touched your child's life and those of your family. Please indicate in the statement below whether or not you grant your permission to share your story with the media.

I/We hereby  do give  do not give permission for **a Wish with Wings** to share our child's story and photograph in all of **a Wish with Wings'** promotional and educational materials.

**Both parents/legal guardian(s) must sign below and have their signatures witnessed.**

Parent/Legal Guardian's Signature

Witness' Signature

Parent/Legal Guardian's Signature

Witness' Signature

Signed this \_\_\_\_\_ day of \_\_\_\_\_

Date

Month

Year