

Wish Child's Name: _____
First
Middle
Last

Parent/Legal Guardian: _____
First
Middle
Last

☐ Mother ☐ Father ☐ Other: _____ Age: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Mobile Telephone: (_____) _____ Email: _____

Parent/Legal Guardian: _____
First
Middle
Last

☐ Mother ☐ Father ☐ Other: _____ Age: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Mobile Telephone: (_____) _____ Email: _____

Prior Wish: Has your child ever had a wish granted or been considered by Make-A-Wish® or any other wish-granting organization? ☐ Yes* ☐ No. *If yes, please indicate the organization's name, the wish, and the date it was or will be granted. _____

A wish with another organization may not be pursued prior to completion of a Make-A-Wish experience.

Social Media: Make-A-Wish would like to stay connected through social media. If interested, please provide contact information for each site on which you are active. _____

Required Signatures

I understand and agree:

1. That no promises or assurances whatsoever have been made to me by any representative of Make-A-Wish regarding the requested wish;
2. That the granting of any wish and the participation of any person in the wish is contingent upon approval by Make-A-Wish and the child's physician, as well as full compliance with all conditions, qualifications, and restrictions designated by Make-A-Wish;
3. That all individuals with parental or custodial rights for the child must approve the wish before it is granted and must sign all necessary documents; and
4. That the receipt of a wish may impact the eligibility for public assistance and/or benefits.

I promise that the information provided by me is true and complete to the best of my knowledge.

 Parent/Legal Guardian Signature Date

 Parent/Legal Guardian Signature Date

 Please Print Name

 Please Print Name

Names of Make-A-Wish representatives assisting in the completion of this form.

 Wish Granter Signature:

 Wish Granter Signature:

Requested Wish Participants, as indicated by the wish child. Please list legal names of all requested wish participants and relevant information. **NOTE:** Make-A-Wish cannot guarantee the participation of any individual(s) listed below.

<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Relationship to Wish Child</i>	<i>Date of Birth</i>	<i>T-Shirt Size</i>
Wish Child:			Wish Child		

All requested wish participants reside with wish child? ☐ Yes ☐ No

If no, list full name of any requested wish participant that does not reside with the wish child. Please detail living arrangements/unique circumstances for any requested wish participant not residing with the wish child.

Does a requested wish participant have medical needs? ☐ Yes ☐ No

If yes, list full name of any requested wish participant with medical needs. Additional information may be required.

Adult Emergency Contact (*non-wish participant*): _____
First
Middle
Last

Telephone: (_____) _____ Relationship to Wish Child: _____

Email: _____

Child's Ethnicity: The following information is **OPTIONAL** and will be used for **STATISTICAL PURPOSES ONLY**. The response should be provided by the child or his or her parent(s)/guardian(s) if they choose to do so. *Please select one or more of the choices as appropriate.*

- ☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Asian
☐ White or Caucasian

☐ Middle Eastern
☐ Black or African American
☐ Hispanic, Latino or Spanish
☐ Other _____

Wish Child's Name: _____
First
Middle
Last

Scheduling the Wish

Please indicate three time periods in which your family will have the greatest availability for fulfillment of the wish.

_____ or _____ or _____
Month/Year
Month/Year
Month/Year

Is there anything on your family's calendar (upcoming medical treatments, school or work commitments, planned vacations, etc.) that might impact your ability to participate in a wish?

☐ Yes (please detail below) ☐ No

Driver Identification Information

Many wishes involve the use of a rental vehicle. For this reason, please indicate a primary and potential driver who may be driving during the course of the wish.

Please submit a photocopy of valid driver's license(s).

Primary Driver, Name as it appears on license: _____

Valid D.L. #: _____ State: _____ Expiration Date: _____

Potential Driver, Name as it appears on license: _____

Valid D.L. #: _____ State: _____ Expiration Date: _____

Do you have current automobile insurance? ☐ Yes ☐ No

Does your automobile insurance provide coverage while using a rental car? ☐ Yes ☐ No

Is your family comfortable driving a rental vehicle, if one were recommended for the wish? ☐ Yes ☐ No

Is a wheelchair accessible vehicle needed? ☐ Yes ☐ No

Medical Information

Please fill out entirely if any requested participant has medical needs. Specific details can be listed within "additional requests".

Medical Questions	Yes	No	Notes
Does any requested participant have special dietary restrictions? If yes, please note.	<input type="checkbox"/>	<input type="checkbox"/>	
Does any requested participant require a wheelchair? If yes, please describe wheelchair size.	<input type="checkbox"/>	<input type="checkbox"/>	____ h ____ w ____ d
Will your family bring your own wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wheelchair collapsible?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wheelchair power? If yes, please note battery type.	<input type="checkbox"/>	<input type="checkbox"/>	____ dry cell ____ wet/gel cell
Does any requested participant require oxygen? If yes, please describe how often.	<input type="checkbox"/>	<input type="checkbox"/>	____ daytime ____ nighttime ____ 24 hours
Does any medication require refrigeration?	<input type="checkbox"/>	<input type="checkbox"/>	
Does any requested participant currently receive nursing care? If yes, please list the # of hours, agency and phone number.	<input type="checkbox"/>	<input type="checkbox"/>	Hours _____ Agency Name _____ Phone # _____
Does any requested participant have allergies to food or materials? If yes, please note who and what allergy.	<input type="checkbox"/>	<input type="checkbox"/>	
Does any requested participant require any other <u>medical</u> supplies? If yes, please detail who and what is required.	<input type="checkbox"/>	<input type="checkbox"/>	Participant _____ Supplies _____

Additional Requests: Any additional requests are at the discretion of the chapter office. If medical supplies are requested, please detail the relevant model number, manufacturer, size, dimensions, and any other pertinent information if needed during travel.

Travel Information

Please fill out entirely if the requested wish is a travel wish.

Travel Questions	Yes	No	Notes
Has your family flown before?	<input type="checkbox"/>	<input type="checkbox"/>	
Will an interpreter be needed?	<input type="checkbox"/>	<input type="checkbox"/>	
Will a rental car seat(s) be needed? If yes, please note how many/what type.	<input type="checkbox"/>	<input type="checkbox"/>	____ infant ____ toddler ____ booster
Are all requested participants able to sit up during take-off/landing on airplane? If no, please note who cannot.	<input type="checkbox"/>	<input type="checkbox"/>	
Will a rental stroller be needed? If yes, what type?	<input type="checkbox"/>	<input type="checkbox"/>	____ single ____ double
Will handicap accessible accommodations be required?	<input type="checkbox"/>	<input type="checkbox"/>	
Does each requested participant have valid passports?	<input type="checkbox"/>	<input type="checkbox"/>	
Does each requested participant (18 and over) have a valid U.S. federal or state-issued photo ID? If yes, please provide a copy of a valid ID for each individual.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your medical insurance include coverage if traveling out of the state?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your family have a valid major credit card? Typically, a hotel will request a credit card for incidentals that may occur during a stay. If you do not have a credit card, other arrangements can be made; however, Make-A-Wish does need to know ahead of time.	<input type="checkbox"/>	<input type="checkbox"/>	



**LIABILITY RELEASE AND
AUTHORIZATION RE: MEDICAL
INFORMATION AND PUBLICITY**

The undersigned have requested that the Make-A-Wish Foundation® of Northeastern & Central California and Northern Nevada, as well as the Make-A-Wish Foundation of America, all licensed chapters and affiliates thereof, and their respective volunteers, officers, directors, employees and agents (collectively, "Make-A-Wish"), fulfill a wish (the "Wish") for _____ ("Wish Child"). The Wish Child and the following people (collectively, "Participants") have requested that Make-A-Wish allow them to participate in the Wish: (indicate names of potential wish participants) _____

_____.

Participants, and the parents or legal guardians of the Wish Child and any minor Participants, are signing this Liability Release and Authorization Re: Medical Information and Publicity ("Release and Authorization") to bind themselves, their minor children, their heirs, successors, assigns and estates to the conditions described herein.

Liability Release

Participants understand that involvement in the Wish may entail risk of injury or harm to the Participants and agree that this risk is fully assumed by the Participants. In addition, and in consideration of Make-A-Wish considering the Wish and, if it so determines, granting the Wish, the Participants hereby release and agree to hold Make-A-Wish harmless for, from and against any and all liability, damages and claims ("Claims") of any kind, known and unknown, which may be connected with, result from, or arise out of the consideration, preparation, fulfillment or participation in the Wish. This includes, but is not limited to, Claims involving economic loss, illness or medical condition, accidental injury or death.

Authorization re: Medical Information

The parents or legal guardians of Wish Child: (1) grant Make-A-Wish permission to obtain all medical information about Wish Child that Make-A-Wish deems necessary for consideration or fulfillment of the Wish; (2) authorize all healthcare providers, including Wish Child's primary physician, to provide Make-A-Wish with all such information regarding Wish Child; and (3) agree to sign any additional medical authorization forms that may be required by Wish Child's healthcare provider(s).

Publicity Authorization

Participants understand and agree that fulfillment of the Wish may result in publicity, whether or not Make-A-Wish actively takes steps to publicize the Wish. However, to the extent Make-A-Wish has control over the matter, Wish Child's parents or guardians are asked to choose between the following two alternatives. [**Note:** By signing this Release and Authorization, all other Participants (or their parents/guardians if under the age of 18) agree to be bound by the "publicity option" chosen by Wish Child's parents or legal guardians.]



OPTION 1 [*Publicity O.K.*]: Participants authorize Make-A-Wish to publicize the Wish and to use Participants' names, likenesses and other information about Participants and the Wish (including Wish Child's medical condition), whether embodied in photographs, videotapes, recordings or any other format (collectively, "Information"), for purposes of promotion, publication, commercial advertising, or any other purpose whatsoever, now or at any time in the future. Participants understand and agree that Make-A-Wish may use any such Information: (1) in all manner and media whatsoever, whether now known or hereafter invented, including electronic and print media and the Internet; (2) with or without Participants' names; (3) without the payment of royalties or other compensation to anyone; and (4) without the need to notify them or to seek further approval before doing so.

*Initials of Wish Child's parents/
guardians if **authorizing publicity**:*

☐ **OPTION 2 [Prefer no publicity]:** Participants request that information about their involvement in the Wish not be actively publicized by Make-A-Wish to the electronic or print news media, posted on the Internet, or used in Make-A-Wish “collateral” such as newsletters, brochures, annual reports, etc. However, each Participant understands and agrees: (1) that information regarding the Wish and Participants will necessarily be discussed with and disclosed to those involved in the wish process; (2) that Make-A-Wish may publicly describe and promote the Wish generally, without specifically identifying Participants; and (3) that even if Make-A-Wish does not actively publicize the Wish, the general public and media may obtain information concerning Participants’ involvement in the Wish from other sources.

*Initials of Wish Child’s parents/guardians
if prefer Wish not be actively publicized:*

Participants acknowledge reading and understanding this Release and Authorization. For the Wish Child and any minor Participants, the signature of their parent or guardian is on behalf of the parent/guardian and on behalf of the minor. Participants agree that this Release and Authorization fully and accurately expresses their understanding and has not been modified orally or in writing.

_____	_____
<i>Date</i>	<i>Parent/Legal Guardian of Wish Child</i>
_____	_____
<i>Date</i>	<i>Parent/Legal Guardian of Wish Child</i>
_____	_____
<i>Date</i>	<i>Other Adult Participant (if any)</i>
_____	_____
<i>Date</i>	<i>Other Adult Participant (if any)</i>
_____	_____
<i>Date</i>	<i>Other Adult Participant (if any)</i>
_____	_____
<i>Date</i>	<i>Parent/Legal Guardian of Other Minor Participant (if any)</i>
_____	_____
<i>Date</i>	<i>Parent/Legal Guardian of Other Minor Participant (if any)</i>