

Wish Child's Name: Elizabeth Jane Brown  
First Middle Last

Preferred Name: Liz Gender:  Male  Female  Self-Describe

Age: 17 DOB: 2.1.2002 Wish Child T-Shirt Size: Adult Small

Wish Child's Medical Condition: leukemia

Wish Child's Primary Address: 123 Main Street Davis CA 95616

Wish Child's Mobile Telephone, if applicable: (530) 555-1212

Wish Child's Email, if applicable: lizj@yahoo.com

My Favorites:

Color	<u>Purple</u>	Music/Singer	<u>Classic Rock</u>
Book/Story	<u>Harry Potter</u>	Hobby	<u>Loves make-up &amp; fashion</u>
Game	<u>-</u>	Movie	<u>Disney Movies-all!</u>
Food	<u>Mom's mashed potatoes</u>	TV Show	<u>Grey's Anatomy</u>
Restaurant	<u>Olive Garden</u>	Actor/Actress	<u>-</u>
Cake/Candy	<u>choc cake w/choc frosting</u>	Sport/Athlete	<u>Basketball / Warriors / Golf - Kings 49'ers</u>
Snack Food	<u>Hot Cheetos</u>	Pet/Animal	<u>-</u>
Class in School	<u>History &amp; French</u>	Other	<u>Motocross</u>

When I'm outside, I like to...

swim, go fishing

When I'm inside, I like to...

sleep (loves that!) and bake

Electronics / Games that I like to play with are...

0

When I'm with my family, I like to...

go to Disneyland; watch her sister play sports, go out to dinner together

When I'm with my friends, I like to...

go out to eat; go to the movies, go to Tahoe

When thinking about a wish, some of my wish ideas were...

(see wish scroll)

MY WISH IS TO... In the space below, write child's favorite wish in each category as marked. If child has no wish in a particular category, then draw a line through that category. Answer subsequent questions about each wish in same order (1=be; 2=meet etc.)

1. be: a singer

2. meet: Beyonce

3. have: college scholarship

\* 4. go: to Paris

This is my wish because...

1. this would be my best chance of becoming one
2. her videos helped me to get through chemo
3. it would set me up pretty nice
4. I've always loved Paris. I've studied it. My mom lived there for 2 years and I want to experience it w/her.

To me, the most important parts of my wish will be...

1. recording music
2. meeting her. Getting photos and some autographs
3. getting accepted to college
4. visiting the museums (I love history)

When I think about my wish, I imagine....

1. being in front of an audience
2. being at one of her concerts
3. getting into my "dream" college
4. visiting the Eiffel Tower, going shopping, eating

Wish Notes...

Liz would be happy with any of her wishes but chose Paris as her #1

# All about Me



Wish Child Name: Elizabeth Brown

### Wish Child's Interests:

Football	<input type="checkbox"/> Player	<input checked="" type="checkbox"/> Fan	Favorite Football Team(s) <u>49'ers</u>
Baseball	<input type="checkbox"/> Player	<input type="checkbox"/> Fan	Favorite Baseball Team(s) _____
Soccer	<input type="checkbox"/> Player	<input checked="" type="checkbox"/> Fan	Favorite Soccer Team(s) <u>Sac Republic</u>
Softball	<input type="checkbox"/> Player	<input type="checkbox"/> Fan	Favorite Softball Team(s) _____
Volleyball	<input type="checkbox"/> Player	<input type="checkbox"/> Fan	Favorite Volleyball Team(s) _____
Tennis	<input type="checkbox"/> Player	<input type="checkbox"/> Fan	Favorite Tennis Team(s) _____
Golf	<input type="checkbox"/> Player	<input checked="" type="checkbox"/> Fan	Favorite Golf Player (s) <u>_____</u>

### Wish Child's Interests: On a scale of 1 (not interested) to 5 (very interested)

Sacramento Kings Basketball:	1	2	3	<u>4</u>	5
Sacramento Rivercats Baseball:	1	<u>2</u>	3	4	5
Sacramento Republic FC Soccer:	1	2	3	4	<u>5</u>
Anime	<u>1</u>	2	3	4	5
"Comic Con"-type events	<u>1</u>	2	3	4	5
Motocross/Racing	1	2	3	4	<u>5</u>
<b>Military</b>					
Army	1	2	<u>3</u>	4	5
Navy	<u>1</u>	2	3	4	5
Air Force	<u>1</u>	2	3	4	5
Marines	<u>1</u>	2	3	4	5

Please specify family connection: Grandfather and 2 uncles were in the army

### Special Skills:

Singing Willing/able to sing in public?  Yes  No

NA  Dance/ Type of dance: \_\_\_\_\_

Musical instrument (specify): \_\_\_\_\_

Artistic or other talents: \_\_\_\_\_

Wish Child's Name: Elizabeth Jane Brown  
First Middle Last

Parent/Legal Guardian: Angela Lynn Brown  
First Middle Last

Mother  Father  Other: \_\_\_\_\_ Age: 41 DOB: 6.2.78

Address: 123 Main Street City: Davis State: CA Zip: 95616

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile Telephone: ( 530 ) 555-1234 Email: angela.brown78@yahoo.com

Parent/Legal Guardian: Paul Joseph Brown  
First Middle Last

Mother  Father  Other: \_\_\_\_\_ Age: 43 DOB: 11.21.75

Address: 411 Broadway City: Sacramento State: CA Zip: 95810

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile Telephone: ( 916 ) 555-7910 Email: paulb.05@gmail.com

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. Facebook, Instagram

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.

<p>* _____                  Parent/Legal Guardian Signature                      Date</p> <p>* _____                  Please Print Name</p>	<p>* _____                  Parent/Legal Guardian Signature                      Date</p> <p>* _____                  Please Print Name</p>
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Names of Make-A-Wish representatives assisting in the completion of this form.

Wish Grantor Signature: \_\_\_\_\_ Wish Grantor Signature: \_\_\_\_\_

*Wish Granters sign here*

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.

First	Middle	Last	Relationship to Wish Child	Date of Birth	T-Shirt Size
Wish Child: Elizabeth	Jane	Brown	Wish Child	2.1.02	S
Angela	Lynn	Brown	Mother	6.2.78	M
Paul	Joseph	Brown	Father	11.21.75	XL
Samantha	Renee	Brown	Sister	7.30.04	S

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.

\*Parents are divorced but share custody

Does a requested wish participant have medical needs?  Yes  No

→ Anyone listed above; not just wish child

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

\*Adult Emergency Contact (non-wish participant): Margaret Louise Anderson  
Someone not going on wish First Middle Last

Telephone: ( 530 ) 555-2121

Relationship to Wish Child: Maternal Grandma

Email: grammym@gmail.com

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: Elizabeth Jane Brown  
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.

March 2020 or April 2020 or June 2020  
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

Family wedding in May 2020; otherwise family is flexible  
In treatment through Jan. 2020

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: Angela Lynn Brown  
Valid D.L. #: TB032885 State: CA Expiration Date: 6.2.2022

Potential Driver, Name as it appears on license: Paul Joseph Brown  
Valid D.L. #: U2247034 State: CA Expiration Date: 11.21.2023

Do you have current automobile insurance?  Yes  No *\*we do not need proof of insurance*

Does your automobile insurance provide coverage while using a rental car?  Yes  No *not certain*

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

*Some families don't know. If so, write this*

### 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 checked="" type="checkbox"/>	
Does any requested participant require a wheelchair? If yes, please describe wheelchair size.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____ h _____ w _____ d
Will your family bring your own wheelchair?	<input checked="" 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 checked="" type="checkbox"/>	_____ dry cell _____ wet/gel cell
Does any requested participant require oxygen? If yes, please describe how often.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____ daytime _____ nighttime _____ 24 hours
Does any medication require refrigeration?	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Elizabeth- nut allergy Paul- dairy allergy</i>
Does any requested participant require any other medical supplies? If yes, please detail who and what is required.	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> *	<input type="checkbox"/>	*Kids- no
Will an interpreter be needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will a rental car seat(s) be needed? If yes, please note how many/what type.	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Will a rental stroller be needed? If yes, what type?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____ single _____ double
Will handicap accessible accommodations be required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does each requested participant have valid passports?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Does your medical insurance include coverage if traveling out of the state?	<input checked="" 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 checked="" 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 Elizabeth Brown ("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) \_\_\_\_\_

Angela Brown, Paul Brown, Samantha Brown

\_\_\_\_\_  
\_\_\_\_\_.

(staff  
can  
also  
fill in  
later)

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.]

*-if OK w/publicity \*Typically this means allowing MAW to share child's photo & story*

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:

①

②

*\* Both parents/guardians must initial*

*— check if they prefer no 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:

① \_\_\_\_\_

② \_\_\_\_\_

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian of Wish Child

\_\_\_\_\_  
Parent/Legal Guardian of Wish Child

\_\_\_\_\_  
Other Adult Participant (if any)

\_\_\_\_\_  
Other Adult Participant (if any)

\_\_\_\_\_  
Other Adult Participant (if any)

\_\_\_\_\_  
Parent/Legal Guardian of Other Minor Participant (if any)

\_\_\_\_\_  
Parent/Legal Guardian of Other Minor Participant (if any)

*Mom*

*Dad*

*Other potential adult (age 18+) includes wish child*

*Other parents of minor siblings*