



ABSENT PARENT FORM

I, _____, father/mother of _____,
hereby represent to the Make-A-Wish Foundation® that:

1. The situation indicated below applies to me:

☐ My child's other biological parent, _____, does
not live in our household, does not take an active part in the child's upbringing,
has not been in contact with the child or me for more than _____ years, and I
am not aware of any means of contacting him/her; OR

☐ My child's other biological parent, _____, is deceased.
He/she passed away on _____; OR

☐ I do not know the identity of my child's biological father.

2. I understand that, for legal and other reasons, the Make-A-Wish Foundation requires all
individuals with parental or custodial rights for a child to approve the child's wish, or participation
in a wish, and to sign various documents including a Liability Release and Authorization Re: Medical
Information and Publicity form (the "Release and Authorization");

3. In light of the above circumstances, I take full responsibility for signing the Release and
Authorization and other documents so that my child may have his/her wish granted, or be allowed
to participate in a wish, and I indemnify and hold the Make-A-Wish Foundation harmless for, from
and against any adverse consequences that may result from my signing the documents alone.

I declare under penalties of perjury that the information set forth herein is true, accurate and
complete to the best of my knowledge and belief.

Date

[Parent's signature]