

Wish Child's Name: _____
First
Middle
Last

Parent/Legal Guardian: _____
First
Middle
Last

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

Address: _____

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

Mobile Telephone: (____) _____ Email: _____

Parent/Legal Guardian: _____
First
Middle
Last

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

Address: _____

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. _____ 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.

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>

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.*

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic, Latino or Spanish |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Other _____ |