



**INFORMATION AND AUTHORIZATION
FORM FOR MINORS ACCOMPANYING
WISH CHILD ON TRAVEL WISHES**

TO: The parent(s) or legal guardian(s) of

_____ |
[Minor Wish Participant's name]

FROM: Make-A-Wish Foundation® of Illinois
[Chapter Name]

One of our wish children, _____ ("Wish Child"), has requested that your child ("Child") participate in his/her wish, which will involve travel to and from _____ in _____, 20____ (the "Wish"). In order for your Child to participate in the Wish, you must sign our "Liability Release and Authorization Re: Medical Information and Publicity" on behalf of both yourself and your Child. In addition, we ask that you supply the following information, which we will provide to Wish Child's parents/guardians in whose care your Child will be during the Wish:

CONTACT INFORMATION

Your name(s): _____ |

Address: _____ |

Phone: _____(home) _____(work) _____(cell)

E-Mail address: _____(home) _____(work)

Does Child reside with both of his/her biological parents? _____ Yes _____ No

If "No," please provide name/contact information for other biological parent:

_____ |

Provide name and phone number(s) of person to be contacted in case of emergency, and describe his/her relationship to you and/or Child:

_____ |

INFORMATION ABOUT CHILD

Child's full name: _____ | Date of birth: _____ |

Provide name and phone number of Child's primary physician:

List all medications Child is presently taking (with specific instructions):

List any allergies Child has: _____

Any other specific health concerns? _____

HEALTH INSURANCE INFORMATION

Insured's name: _____

Health insurance provider: _____

Phone: _____ Group name/number: _____

[Please attach copy of insurance card or other proof of insurance.]

AUTHORIZATION FOR MEDICAL TREATMENT

The undersigned, parent(s) or legal guardian(s) of _____ ("Child"), hereby authorize _____ to obtain, and provide consent for, any medical treatments or procedures for our Child should the need for such services arise while he/she is in the State of _____ during the period _____ to _____, 20____.

[Signature of Child's Mother/Guardian]

[Signature of Child's Father/Guardian]

Date

Date

The above signatures were witnessed by:

[Signature of Witness #1]

[Signature of Witness #2]

SWORN TO and SUBSCRIBED before me this _____ day of _____, 20____

Notary Public