

Wish Child's Name: _____
First *Middle* *Last*

Preferred Name: _____ Gender: Male Female Self-Describe _____

Age: _____ DOB: _____ Wish Child T-Shirt Size: _____

Wish Child's Medical Condition: _____

Wish Child's Primary Address: _____

Wish Child's Mobile Telephone, if applicable: (_____) _____

Wish Child's Email, if applicable: _____

My Favorites:

Color _____

Music/Singer _____

Book/Story _____

Hobby _____

Game _____

Movie _____

Food _____

Show _____

Restaurant _____

Actor/Actress _____

Cake/Candy _____

Sport/Athlete _____

Snack Food _____

Pet/Animal _____

Class in School _____

Other _____

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

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

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

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

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

Volunteer Note: Please capture details about each wish idea expressed by the wish child. Space is provided to capture up to four ideas, but all four are not required. At least two ideas should be captured (ensuring that one idea does not involve travel and/or large gatherings).

Wish Idea: _____

WHY
Why is this important to you?

WHAT
What would you like to do? What does it look like?

HOW
How did you hear about it?

Tell me more - tell me everything you know about it.

Wish Idea: _____

WHY
Why is this important to you?

WHAT
What would you like to do? What does it look like?

HOW
How did you hear about it?

Tell me more - tell me everything you know about it.

Wish Idea: _____

WHY
Why is this important to you?

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Tell me more - tell me everything you know about it.

Wish Idea: _____

WHY
Why is this important to you?

WHAT
What would you like to do? What does it look like?

HOW
How did you hear about it?

Tell me more - tell me everything you know about it.

Wish Child's Name: _____
First Middle Last

Parent/Legal Guardian: _____
First Middle Last

Relationship to Child: _____ Age: _____ DOB: _____

Address: _____

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

Mobile Telephone: (_____) _____ Email: _____

Parent/Legal Guardian: _____
First Middle Last

Relationship to Child: _____ 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.* _____

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 granting of a wish to my child;
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 give permission for the child to receive a 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.

First	Middle	Last	Relationship to Wish Child	Date of Birth	T-Shirt Size

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.

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & Vietnam.
- Native American or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races - A person who primarily identifies with two or more of the above race/ethnicity categories.
- I choose not to self-identify

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 Make-A-Wish Foundation® of _____, as well as 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"). 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 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 Participants and agree that this risk is fully assumed by Participants. In addition, and in consideration of Make-A-Wish considering the Wish and, if it so determines, granting the Wish, Participants hereby release and agree to hold Make-A-Wish harmless from and against any and all liability, damages and claims ("Claims") of any kind, known and unknown, arising out of or relating in any way to the consideration, preparation or fulfillment of the Wish, their participation in the Wish, or publicity regarding the Wish. This includes, but is not limited to, Claims involving economic loss, illness or medical condition, disease outbreaks, 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 Make-A-Wish to share information about Wish Child's medical condition when necessary for granting the Wish; (3) authorize all healthcare providers, including Wish Child's primary physician, to provide Make-A-Wish with all such information regarding Wish Child; and (4) agree to sign any additional medical authorization forms that may be required by Wish Child's healthcare provider(s).

Please be advised that Make-A-Wish's National Medical Council, aligned with the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP), strongly recommends all wish participants to be up to date on their COVID-19 vaccinations before travel and large gatherings.

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 carefully read the following three alternatives and then choose the one that works best for them. [Note: By signing this Release and Authorization, Participants (and the parents or guardians of any minor Participants) agree to be bound by the "publicity option" chosen by Wish Child's parents or legal guardians.]

OPTION 1 [Publicity O.K. - Make-A-Wish only]: Participants authorize Make-A-Wish to publicize the Wish and to use Participants' names, voices, likenesses, images, appearances and other information about Participants and the Wish (including Wish Child's medical condition), whether embodied in photographs, digital images, video recordings, audio recordings or any other format (collectively, "**Information**"), for purposes of promotion, publication, commercial advertising or any other purpose, now or at any time in the future. Participants understand and agree that Make-A-Wish may, in its sole discretion, 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) throughout the world in perpetuity; (2) with or without Participants' names and/or a

description of the Wish; (3) without the payment of any compensation to anyone; and (4) without the need to notify Participants or to seek further approval before doing so.

*Initials of Wish Child's parents/guardians if
authorizing publicity by **Make-A-Wish only**:* _____

OPTION 2 [Publicity O.K. – Make-A-Wish and Sponsors]: Participants authorize Make-A-Wish and all Make-A-Wish corporate sponsors (“**Sponsors**”) to use Participants’ names, voices, likenesses, images, appearances and other Information for purposes of promotion, publication, commercial advertising or any other purpose, now or at any time in the future. Participants understand and agree that Make-A-Wish and Sponsors may, in their sole discretion, use such Information: (1) in all manner and media whatsoever, whether now known or hereafter invented (including electronic and print media and the Internet), throughout the world in perpetuity; (2) with or without Participants’ names and/or a description of the Wish; (3) without the payment of any royalties or other compensation to anyone; and (4) without the need to notify Participants or to seek further approval before doing so. In addition, if Make-A-Wish and/or Sponsors use such Information as part of promotional material that is distributed to media outlets for broadcast, Participants irrevocably grant Make-A-Wish and Sponsors the right to authorize the broadcast of the Information in such a manner. Participants understand that Make-A-Wish and Sponsors will rely on this Release and Authorization, and they hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights and permissions granted herein.

*Initials of Wish Child's parents/guardians if
authorizing publicity by **Make-A-Wish and Sponsors**:* _____

OPTION 3 [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 materials including, e.g., 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

Wish Child or other Participants; and (3) that even if Make-A-Wish does not actively publicize the Wish, the general public and media may obtain information concerning Wish Child and/or Participants' involvement in the Wish from other sources.

Initials of Wish Child's parents/guardians if prefer the Wish not be actively publicized: _____

Participants acknowledge reading and understanding this Release and Authorization. For Wish Child and any minor Participants, the signature of their parent or guardian is on behalf of the Wish Child or the minor Participant. Participants agree that this Release and Authorization sets forth the entire agreement between the parties; supersedes all prior agreements and understandings, whether written or oral; and may be amended or modified only by a subsequent writing signed by Make-A-Wish, Participants and Sponsors (if applicable).

_____	_____
<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>