

SINGLE PARENT FORM

,	, father/mother of,
"Chi	ld"), hereby represent to the Make-A-Wish Foundation® that:
1.	I have been awarded custody of my Child and have been informed by legal counsel and/or
he d	court that I have the legal right to make important decisions involving my Child, like this one
with	out the need to consult with, or to obtain approval from, his/her other biological parent;
2.	I understand that, for legal and other reasons, the Make-A-Wish Foundation generally
equ	ires all individuals with parental or custodial rights for a child to approve the child's wish, or
oarti	cipation in a wish, and to sign various documents including a Liability Release and Authorizatior
Re: N	Medical Information and Publicity form (the "Release and Authorization");
3.	Based on concerns for my Child's well being, I have asked the Make-A-Wish Foundation to
make	e an exception in this case and to grant my Child's wish, or allow my Child to participate in a
wish	, without the approval of his/her other biological parent,
who	does not take an active part in my Child's upbringing;
4.	In light of the above circumstances, I take full responsibility for signing the Release and
A uth	orization and other documents so that my Child may have his/her wish granted, or be allowed
to pa	articipate in a wish, and I indemnify and hold the Make-A-Wish Foundation harmless for, from
and a	against any adverse consequences that may result from my signing the documents alone.
5.	I also agree to notify the Make-A-Wish Foundation promptly if, prior to the completion of
he ι	wish, my custody status changes or I learn that Child's other biological parent has taken lega
step	s to have the custody arrangement modified or rescinded.
ded	clare under penalties of perjury that the information set forth herein is true, accurate and
com	plete to the best of my knowledge and belief.
	[Date] [Parent's signature]