

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. _____

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 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 _____ |