



*Granting Magical Wishes for little Texans with Life-Threatening Conditions since 1982*  
3751 West Freeway, Fort Worth, TX 76107 • 817-469-9474 • [awishwithwings.org](http://awishwithwings.org)

Dear Parent or Guardian,

Welcome to the magical world of **a Wish with Wings**! We look forward to making your child's wish become a reality. Please review the information below, complete the Wish Request Form on the following six pages, and return this form to our office. We will notify you as soon as we receive your child's Wish Request Form.

A representative will contact you to discuss details of your child's wish. Wishes will be granted as soon as possible after receipt of your child's request. Please feel free to call our office any time you have questions regarding your child's wish. Business hours are 9 a.m. to 5 p.m., Monday through Friday. When we are out of the office, an answering machine will accept messages. Please be sure you leave a daytime phone number so we can return your call. You may also email us at [wish@awishwithwings.org](mailto:wish@awishwithwings.org).

Please review the following criteria before completing the application. Our guidelines require that your child:

- 1. Be diagnosed as having a life-threatening condition.**  
**Please Note: We do NOT require that your child be diagnosed as "terminal."**
- 2. Be between age 3 and 17 when this form is received. Wishes for children under age 3 must have approval of our Board of Directors. Wish application must be received before the child's eighteenth birthday.**
- 3. Have never received a wish from any wish-granting agency.**
- 4. Reside in or be receiving treatment in the state of Texas.**

#### **HOW TO TALK TO YOUR CHILD ABOUT MAKING THAT SPECIAL WISH**

In our experience, the best way to discover a child's wish is to ask the child to imagine he/she has a magic wand and can make three wishes. It may be helpful to tell the child about some of the things you would like to have or to do. However, please be careful not to give the impression that you want the child to wish for the same things. For example, one mother was embarrassed to learn from a social worker that her three-year-old daughter insisted she wanted a refrigerator! Apparently, when they were talking about making wishes, the mother had expressed a strong desire for one to take the place of their nearly worn-out model. This situation does not happen often, but it is best avoided in the first place.

Be prepared for other surprises from the children! Even though you may know the child has expressed a desire to visit Mickey Mouse, do not be surprised to learn that he/she truly wants a puppy or a special bicycle or tickets to a particular concert, but had not mentioned it to anyone. Please remember: this wish is for the child and should be his or her most cherished desire, not something a family member or friend wants for the child.

After your child tells you what his/her three wishes are, write them down in the order of the child's preference. If you are not certain which order the child would prefer, ask! This accomplishes two things. First, it gives **a Wish with Wings** alternatives to discuss with the child's physician in the event it is not medically possible to approve the first wish. Second, it gives some alternatives in the event the first wish does not fall within our guidelines (for instance: motorized vehicles, international travel, firearms, ATVs, cash, mortgages or rent payments, construction or remodeling, and in-ground swimming pools).

***Thank you for entrusting your child's wish to a Wish with Wings.***

## MEDICAL INFORMATION

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's City, State and ZIP \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Name of Treatment Facility \_\_\_\_\_

Child Life Specialist's Name \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

## PHYSICIAN'S STATEMENT & AUTHORIZATION

(Please note: Our authorization to contact the child's primary care physician is on the next page. If you have any questions regarding **a Wish with Wings** or wish to discuss this particular child in more detail, please call our office at [metro] 817-469-9474. Thank you for your assistance in granting this child's wish!)

Physician's Statement and Medical Authorization: I am aware that the above named youngster has requested a wish be granted by **a Wish with Wings**. This child is currently receiving treatment for a life-threatening condition and he/she currently has a reduced likelihood of reaching adulthood because of that illness. I have read the information provided in the "Wish Information" section (request information from parent/guardian) and feel there will be no problem granting any of the wishes indicated, providing the following conditions are met. I understand this permission can be withdrawn at any time should the need arise and **a Wish with Wings** will be notified in the event withdrawal is necessary. I also understand this medical authorization is valid only for 90 days from the date below and written re-approval may be necessary after that date. If the child's request is a trip, he/she has my permission to travel by airplane to his/her destination.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Condition / Diagnosis: \_\_\_\_\_

Date Diagnosed: \_\_\_\_\_

Current Physical Limitations: \_\_\_\_\_

Medical Requirements (Please check all that apply):

Physical Requirements

\_\_\_\_\_ Oxygen (liters per minute) \_\_\_\_\_

\_\_\_\_\_ Wheelchair Assistance

\_\_\_\_\_ Other (Please specify) \_\_\_\_\_

Dietary Requirements (Please specify) \_\_\_\_\_

Other Requirements (Please specify) \_\_\_\_\_

## MEDICAL RELEASE

To grant your child's wish, we must contact his/her primary care physician to obtain information regarding his/her medical condition, which will enable us to serve your child to the best of our abilities. Please sign below to authorize your child's primary care physician to provide this information to **a Wish with Wings**. An "Authorization for Use/Disclosure of Protected Health Information" ("HIPAA") form will be sent to you upon acceptance of said wish.

I/We authorize my/our child's primary care physician to provide **a Wish with Wings** the information necessary to grant my/our child's wish. I am the natural parent or legal guardian of \_\_\_\_\_ with the authority to execute this authorization permitting **a Wish with Wings** to obtain the information requested in this wish Request Form. I/We further release, indemnify and hold harmless **a Wish with Wings**, its volunteers, officers, agents and employees from any damages, claims, causes of action, losses or liabilities arising out of the activities of **a Wish with Wings** with our family.

**BOTH PARENTS/LEGAL GUARDIAN(S) MUST SIGN BELOW AND HAVE THEIR SIGNATURES WITNESSED**

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Witness Signature

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Date Month Year

## MEDIA RELEASE

The stories of our wish children as told to a newspaper, magazine, radio or television station, by video or slide presentation, on our Facebook page and/or website allow us to raise funds so more of our children may have their wishes granted. We ask your permission to share your child's story with the media and tell how *a Wish with Wings* has touched your child's life and those of your family. Please indicate in the statement below whether or not you grant your permission to share your story with the media.

I/We hereby \_\_\_\_\_ Do Give \_\_\_\_\_ Do Not give permission for *a Wish with Wings* to share our child's story and photograph in all of a Wish with Wings' promotional and educational materials.

**BOTH PARENTS/LEGAL GUARDIAN(S) MUST SIGN BELOW AND HAVE THEIR SIGNATURES WITNESSED**

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Witness Signature

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
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## WISH REQUEST FORM

**All information will be kept confidential**

**Instructions:** Please type or print clearly, answer all questions and sign where indicated. The signature of your child's primary care physician is also necessary for work to begin on your child's wish. Incomplete forms must be returned for completion, resulting in unnecessary delays. When the form is completed, please mail it to the address above.

## CHILD'S INFORMATION

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Home Address \_\_\_\_\_

City, State and ZIP \_\_\_\_\_

**Please attach a copy of your child's birth certificate.**

## FAMILY INFORMATION

Mother/Step-Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address, City, State and ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

Does Mother/Step-Mother have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please attach a copy of Mother/Step-Mother's driver's license.**

Name of Employer and Work Phone Number \_\_\_\_\_

Father/Step-Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address, City, State and ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

Does Father/Step-Father have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please attach a copy of Father/Step-Father's driver's license.**

Name of Employer and Work Phone Number \_\_\_\_\_

If child does not live with both biological parents, who is the legal guardian? \_\_\_\_\_

Name, address and phone number of court appointed guardian, if applicable \_\_\_\_\_

\_\_\_\_\_

**Please attach copy of guardianship papers.**

Name, date of birth and sex of all brothers and sisters under 18 years of age living at home (use additional paper if needed). Please attach a copy of the birth certificate for each child living at home under the age of 18.

Name (first and last)	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and daytime phone number of a friend or family member to contact if we cannot reach you:  
\_\_\_\_\_

## WISH INFORMATION

Have you contacted any other organizations about your child's wish? If yes, please specify which organization(s) and what their response was. Be sure to attach copies of any letters regarding denial of your child's wish.

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Prior Wishes Granted (Include Dates & Organizations) \_\_\_\_\_

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What is your child's wish? Please remember that only one magical wish can be granted; however, we ask that you list three, in case one or more are not possible due to medical or other situations that are beyond our control. Use additional pages if needed and give as much detail as possible.

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## TELL US ABOUT YOUR CHILD

What is his/her favorite color? \_\_\_\_\_

What is his/her favorite kind of music/favorite singers? \_\_\_\_\_

What are his/her favorite movies? \_\_\_\_\_

Who are his/her favorite characters? \_\_\_\_\_

Who are his/her favorite sports teams? \_\_\_\_\_

What activities/hobbies/games does he/she enjoy? \_\_\_\_\_

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