

# Physician's Statement and Authorization

All information will be kept confidential.

I am aware that [redacted] 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 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 I understand this permission can be withdrawn at any time should the need arise and a Wish with Wings will be notified in the event withdrawal is necessary.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.

[redacted]	[redacted]
Physician's Signature	Date

[redacted]	[redacted]
Medical Condition / Diagnosis	Date Diagnosed

[redacted]

Current Physical Limitations

### Medical Requirements (please check all that apply)

Oxygen (liters per minute) [redacted]

Wheelchair Assistance

Other (please specify) [redacted]

### Dietary Requirements (please specify)

[redacted]

### Other Requirements (please specify)

[redacted]

### Physician Comments

[redacted]

