Wish Request Form

All information will be kept confidential.

Wish Child Information

Full Name of Child | Date of Birth | Race | T-Shirt Size

Medical Condition / Diagnosis

Address | City | State | ZIP Code

Legal Mother's Full Name | Legal Father's Full Name

Does the child reside with both biological parents? Yes No If no, with whom do they reside?

Who has custody of the child? Mother Father Joint

Legal Mother / Legal Guardian Information

Are you the primary contact? Yes No

Legal Mother's / Legal Guardian's Full Name | T-Shirt Size

Address | City | State | ZIP Code

Primary Telephone: Home | Work | Cell | Other | Email

Occupation | Primary Language

Marital Status: Married Divorced Separated Widowed Single

Do you have a valid driver's license? Yes No If no, please indicate if you have another valid form of ID.

Please indicate if you are an active member or veteran of the military or first responder: Yes No

See next page to complete form.

P 817-469-9474 | **F** 817-731-3399 | AWWW.org
3751 West Freeway, Fort Worth, TX 76107

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Legal Father / Legal Guardian Information

Are you the primary contact? Yes No

Legal Father's / Legal Guardian's Full Name

T-Shirt Size

Address

City

State

ZIP Code

Primary Telephone: Home Work Cell Other

Email

Occupation

Primary Language

Marital Status: Married Divorced Separated Widowed Single

Do you have a valid driver's license? Yes No

If no, please indicate if you have another valid form of ID.

Please indicate if you are an active member or veteran of the military or first responder: Yes No

Sibling Information

Please list all brothers and sisters under 18 years of age residing with Wish Child.

Sibling's Full Name | Date of Birth | Age | Gender: M F | T-Shirt Size

Legal Parent(s) Name(s) | Who has custody of child?

Sibling's Full Name | Date of Birth | Age | Gender: M F | T-Shirt Size

Legal Parent(s) Name(s) | Who has custody of child?

Sibling's Full Name | Date of Birth | Age | Gender: M F | T-Shirt Size

Legal Parent(s) Name(s) | Who has custody of child?

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Legal Parent(s) Name(s) | Who has custody of child?

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Wish Information

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Have you contacted any other organization about your child's wish? Yes No

If yes, please specify which organization(s) and what their responses was. Be sure to attach copies of any letters regarding denial of your child's wish.

Prior wishes granted, indicate dates and organizations.

What is your child's wish? Please remember that only ONE wish can be granted; however, we ask that you list three in case one or more are not possible.

1)

2)

3)

Tell us a about your Wish Child's favorites.

Color:

Game/Activity:

Movie/TV Show:

Book:

Character:

Sport / Team:

Snack Food:

Any other information we should know about your Wish Child?

A representative will contact you to discuss details of your child's wish. Please be sure to complete the wish application in its entirety. Please feel free to call our office with any questions regarding your child's request.

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Physician and Medical Information

All information will be kept confidential.

Hospital:

Clinic:

Physician

Physician's Name	Office Telephone	Fax	Email

Social Worker

Social Worker's Name	Office Telephone	Fax	Email

Child Life Specialist

Child Life Specialist's Name	Office Telephone	Fax	Email

Medical Release

All information will be kept confidential.

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 biological 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 guardians 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

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Physician's Statement and Authorization

All information will be kept confidential.

I am aware that _____ 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.

Physician's Signature

Date

Medical Condition / Diagnosis

Date Diagnosed

Current Physical Limitations

Medical Requirements (please check all that apply)

- [ ] Oxygen (liters per minute) _____
- [ ] Wheelchair Assistance
- [ ] Other (please specify) _____

Dietary Requirements (please specify)

Other Requirements (please specify)

Physician Comments

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Social Worker

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Parent / Legal Guardian's Signature	Witness' Signature

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Other Requirements (please specify)

Physician Comments

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