

Wish Child's Name: _____
First Middle Last

Preferred Name: _____ Gender: Male Female Self-Describe _____

Age: _____ DOB: _____ Wish Child T-Shirt Size: _____

Wish Child's Medical Condition: _____

Wish Child's Primary Address: _____

Wish Child's Mobile Telephone, if applicable: (_____) _____

Wish Child's Email, if applicable: _____

My Favorites:

Color _____

Music/Singer _____

Book/Story _____

Hobby _____

Game _____

Movie _____

Food _____

TV Show _____

Restaurant _____

Actor/Actress _____

Cake/Candy _____

Sport/Athlete _____

Snack Food _____

Pet/Animal _____

Class in School _____

Other _____

When I'm outside, I like to...

When I'm inside, I like to...

Electronics / Games that I like to play with are...

When I'm with my family, I like to...

When I'm with my friends, I like to...

When thinking about a wish, some of my wish ideas were...

MY WISH IS TO...

This is my wish because...

To me, the most important parts of my wish will be...

When I think about my wish, I imagine....

Wish Notes...

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.

First	Middle	Last	Relationship to Wish Child	Date of Birth	Age

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 _____ |

Wish Child's Name: _____
First Middle Last

Scheduling the Wish

Please indicate three time periods in which your family will have the greatest availability for fulfillment of the wish.

_____ or _____ or _____
Month/Year Month/Year Month/Year

Is there anything on your family's calendar (upcoming medical treatments, school or work commitments, planned vacations, etc.) that might impact your ability to participate in a wish?

Yes (please detail below) No

Driver Identification Information

Many wishes involve the use of a rental vehicle. For this reason, please indicate a primary and potential driver who may be driving during the course of the wish.

Please submit a photocopy of valid driver's license(s).

Primary Driver, Name as it appears on license: _____

Valid D.L. #: _____ State: _____ Expiration Date: _____

Potential Driver, Name as it appears on license: _____

Valid D.L. #: _____ State: _____ Expiration Date: _____

Do you have current automobile insurance? Yes No

Does your automobile insurance provide coverage while using a rental car? Yes No

Is your family comfortable driving a rental vehicle, if one were recommended for the wish? Yes No

Is a wheelchair accessible vehicle needed? Yes No

Medical Information

Please fill out entirely if any requested participant has medical needs. Specific details can be listed within "additional requests".

Medical Questions	Yes	No	Notes
Does any requested participant have special dietary restrictions? If yes, please note.	<input type="checkbox"/>	<input type="checkbox"/>	
Does any requested participant require a wheelchair? If yes, please describe wheelchair size.	<input type="checkbox"/>	<input type="checkbox"/>	____ h ____ w ____ d
Will your family bring your own wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wheelchair collapsible?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wheelchair power? If yes, please note battery type.	<input type="checkbox"/>	<input type="checkbox"/>	____ dry cell ____ wet/gel cell
Does any requested participant require oxygen? If yes, please describe how often.	<input type="checkbox"/>	<input type="checkbox"/>	____ daytime ____ nighttime ____ 24 hours
Does any medication require refrigeration?	<input type="checkbox"/>	<input type="checkbox"/>	
Does any requested participant currently receive nursing care? If yes, please list the # of hours, agency and phone number.	<input type="checkbox"/>	<input type="checkbox"/>	Hours _____ Agency Name _____ Phone # _____
Does any requested participant have allergies to food or materials? If yes, please note who and what allergy.	<input type="checkbox"/>	<input type="checkbox"/>	
Does any requested participant require any other <u>medical</u> supplies? If yes, please detail who and what is required.	<input type="checkbox"/>	<input type="checkbox"/>	Participant _____ Supplies _____

Additional Requests: Any additional requests are at the discretion of the chapter office. If medical supplies are requested, please detail the relevant model number, manufacturer, size, dimensions, and any other pertinent information if needed during travel.

Travel Information

Please fill out entirely if the requested wish is a travel wish.

Travel Questions	Yes	No	Notes
Has your family flown before?	<input type="checkbox"/>	<input type="checkbox"/>	
Will an interpreter be needed?	<input type="checkbox"/>	<input type="checkbox"/>	
Will a rental car seat(s) be needed? If yes, please note how many/what type.	<input type="checkbox"/>	<input type="checkbox"/>	____ infant ____ toddler ____ booster
Are all requested participants able to sit up during take-off/landing on airplane? If no, please note who cannot.	<input type="checkbox"/>	<input type="checkbox"/>	
Will a rental stroller be needed? If yes, what type?	<input type="checkbox"/>	<input type="checkbox"/>	____ single ____ double
Will handicap accessible accommodations be required?	<input type="checkbox"/>	<input type="checkbox"/>	
Does each requested participant have valid passports?	<input type="checkbox"/>	<input type="checkbox"/>	
Does each requested participant (18 and over) have a valid U.S. federal or state-issued photo ID? If yes, please provide a copy of a valid ID for each individual.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your medical insurance include coverage if traveling out of the state?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your family have a valid major credit card? Typically, a hotel will request a credit card for incidentals that may occur during a stay. If you do not have a credit card, other arrangements can be made; however, Make-A-Wish does need to know ahead of time.	<input type="checkbox"/>	<input type="checkbox"/>	