Wish Family Form

Wish	Child's Name:					
	First		Middle		Last	
In the	Participating Adult Emerge event of an emergency, please ipating in the wish experience.	e provide th		n for an ad	ult that	will not be
Emerg	gency Contact Name:					
	gency Contact Phone Number:					
Emerg	gency Contact Email:					
Emerg	gency Contact Relationship wit	th Wish Ch	ild			
	Child		Half-Sibling			Spouse/Partner
	Foster Parent		Nurse/Caregiver			Step-Parent
	Foster Sibling		Parent/Guardian			Step-Sibling
	Friend		Relative			Other
	Grandparent		Sibling			
Full Le	e complete this information for egal Name:		Middle		Last	
City: _		State	:: Zip C	Code:		
Prefer	rred Phone Number: ()		Preferred Pho	ne Type:] Home	e Work Mobile
Email:	:		Date of Birth:			
Legal	Guardian of Wish Child: 🗌 Ye	es 🗌 No	Resides with V	Vish Child:	Yes	No
Medic	cal equipment or special accom	nmodations	required? Yes N	No		
Relati	onship with Wish Child:					
	Child	□ Н	alf-Sibling		Siblin	g
	Foster Parent		Interpreter [se/Partner
	Foster Sibling	□ N	urse/Caregiver		Step-	Parent
	Friend		arent/Guardian			Sibling
	Grandparent	□ Re	elative		Other	r





Additional copies of this page may be made to capture all requested participants.

Full L	egal Name:		A Al al al a		Look
First Street Address:			Middle	Last	
City:			rate: Zip	Code:	
Prefe	rred Phone Number: ()		Preferred Pho	one Type:] Home 🗌 Work 🗌 Mobile
Email:			Date of Birth		
Legal Guardian of Wish Child: Yes			o Resides with	Yes No	
Medio	cal equipment or special accomm	nodatio	ons required? 🗌 Yes 📗	No	
Relati	onship with Wish Child:				
	☐ Foster Parent☐ Foster Sibling☐ Friend		☐ Half-Sibling☐ Interpreter☐ Nurse/Caregiver☐ Parent/Guardian☐ Relative		Sibling Spouse/Partner Step-Parent Step-Sibling Other
Full L	egal Name: First		 Middle		Last
Stree	t Address:				
City:		_ St	tate: Zip	Code:	
Prefe	rred Phone Number: ()		Preferred Pho	one Type:] Home 🗌 Work 🗌 Mobile
Email:			Date of Birth	•	
Legal	Guardian of Wish Child: Yes	□ N	o Resides with	Wish Child:	Yes No
Medio	cal equipment or special accomm	nodatio	ons required? 🗌 Yes 📗	No	
Relati	onship with Wish Child:				
	Child Foster Parent Foster Sibling Friend Grandparent		Half-Sibling Interpreter Nurse/Caregiver Parent/Guardian Relative		Sibling Spouse/Partner Step-Parent Step-Sibling Other





Additional copies of this page may be made to capture all requested participants.

Full Legal Name:			Middle			
Stree	t Address:					_
City:		Sta	te:	Zip Code:		_
Preferred Phone Number: ()			Preferred	Phone Type:] Hor	me
Email:			Date of B	irth:		_
Legal	Guardian of Wish Child: Y	es 🗌 No	Resides w	vith Wish Child:	Y	es 🗌 No
Medio	cal equipment or special accor	mmodatior	ns required? Yes	□No		
☐ Foster Parent☐ Foster Sibling☐ Friend			☐ Interpreter☐ Nurse/Caregiver☐ Parent/Guardian		Sibling Spouse/Partner Step-Parent Step-Sibling Other	
	egal Name: First t Address:		Middle		Last	
City:		Sta	te:	Zip Code:		_
Prefe	rred Phone Number: ()		Preferred	Phone Type:] Hor	me 🗌 Work 🗌 Mobile
Email	:		Date of B	irth:		-
Legal	Guardian of Wish Child: Y	es 🗌 No	Resides w	rith Wish Child:	Y	es 🗌 No
Medio	cal equipment or special accor	mmodatior	ns required? Yes	□No		
Relati	ionship with Wish Child:					
	Child Foster Parent Foster Sibling Friend Grandparent		Half-Sibling Interpreter Nurse/Caregiver Parent/Guardian Relative			Sibling Spouse/Partner Step-Parent Step-Sibling Other

