



Wish Family Form

Wish Child's Name: _____
First *Middle* *Last*

Non-Participating Adult Emergency Contact

In the event of an emergency, please provide the following information for an adult that will not be participating in the wish experience.

Emergency Contact Name: _____

Emergency Contact Phone Number: (_____) _____

Emergency Contact Email: _____

Emergency Contact Relationship with Wish Child

- | | | |
|---|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Half-Sibling | <input type="checkbox"/> Spouse/Partner |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Nurse/Caregiver | <input type="checkbox"/> Step-Parent |
| <input type="checkbox"/> Foster Sibling | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Step-Sibling |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Sibling | |

Requested Wish Participants

Please complete this information for each requested participant.

Full Legal Name: _____
First *Middle* *Last*

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: (_____) _____ Preferred Phone Type: Home Work Mobile

Email: _____ Date of Birth: _____

Legal Guardian of Wish Child: Yes No Resides with Wish Child: Yes No

Medical equipment or special accommodations required? Yes No

Relationship with Wish Child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Half-Sibling | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Spouse/Partner |
| <input type="checkbox"/> Foster Sibling | <input type="checkbox"/> Nurse/Caregiver | <input type="checkbox"/> Step-Parent |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Step-Sibling |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |



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

Full Legal Name: _____
First Middle Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: (____) _____ Preferred Phone Type: Home Work Mobile

Email: _____ Date of Birth: _____

Legal Guardian of Wish Child: Yes No Resides with Wish Child: Yes No

Medical equipment or special accommodations required? Yes No

Relationship with Wish Child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Half-Sibling | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Spouse/Partner |
| <input type="checkbox"/> Foster Sibling | <input type="checkbox"/> Nurse/Caregiver | <input type="checkbox"/> Step-Parent |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Step-Sibling |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |

Full Legal Name: _____
First Middle Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: (____) _____ Preferred Phone Type: Home Work Mobile

Email: _____ Date of Birth: _____

Legal Guardian of Wish Child: Yes No Resides with Wish Child: Yes No

Medical equipment or special accommodations required? Yes No

Relationship with Wish Child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Half-Sibling | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Spouse/Partner |
| <input type="checkbox"/> Foster Sibling | <input type="checkbox"/> Nurse/Caregiver | <input type="checkbox"/> Step-Parent |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Step-Sibling |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |