



# Wish Consent Form

Welcome to Make-A-Wish! We are thrilled to have the opportunity to grant a wish for your child. The first step in the wish-granting process is for us to confirm your permission to grant a wish to your child.

Please complete/confirm the following information for your child and make any necessary changes.

## Wish Child's Information

Full Legal Name: \_\_\_\_\_  
First Middle Last

Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred phone type (if applicable): ☐ Home ☐ Mobile

Child's Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Child's Mobile Telephone: (\_\_\_\_\_) \_\_\_\_\_

Child's Email: \_\_\_\_\_

## Prior Wish

Has your child ever had a wish granted by, or been considered by, Make-A-Wish® or any other wish-granting organization? ☐ Yes\* ☐ No

Organization's name: \_\_\_\_\_

Wish details: \_\_\_\_\_

Date it was or will be granted: \_\_\_\_\_

\*Note: A wish with another organization may not be pursued prior to completion of a Make-A-Wish experience.

**Make-A-Wish is committed to granting a wish to every eligible child. We want everyone we interact with to feel comfortable working with us. Answering these questions will not impact your wish, but it will help us know more about you. Please select the option that best describes your child.**

### Gender

- ☐ Male
- ☐ Female
- ☐ Gender Non-Conforming/Non-Binary
- ☐ Self-describe: \_\_\_\_\_
- ☐ Prefer not to disclose





#### Pronouns

- ☐ He/Him/His
- ☐ She/Her/Hers
- ☐ They/Them/Theirs
- ☐ Self-describe: \_\_\_\_\_
- ☐ Prefer not to disclose

#### Ethnicity

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I choose not to answer this question

#### Race

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other Race
- ☐ Two or more Races
- ☐ I choose not to answer this question

#### Accommodations

Do you require any special accommodations to engage with Make-A-Wish?

- ☐ Yes
- ☐ No

### Parent/Legal Guardian Information

As the parent/legal guardian of the minor wish child, please complete/confirm your information and make any necessary changes.

#### Parent/Legal Guardian 1

Full Legal Name: \_\_\_\_\_  
First Middle Last

Relationship to Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred phone type: ☐ Home ☐ Work ☐ Mobile

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_

Mobile Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_





To help us understand your preferences, please select the option that best describes you.

**Gender**

- ☐ Male
- ☐ Female
- ☐ Gender Non-Conforming/Non-Binary
- ☐ Self-describe: \_\_\_\_\_
- ☐ Prefer not to disclose

**Pronouns**

- ☐ He/Him/His
- ☐ She/Her/Hers
- ☐ They/Them/Theirs
- ☐ Self-describe: \_\_\_\_\_
- ☐ Prefer not to disclose

**Ethnicity**

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I choose not to answer this question

**Race**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other Race
- ☐ Two or more Races
- ☐ I choose not to answer this question

**Accommodations**

Do you require any special accommodations to engage with Make-A-Wish?

- ☐ Yes
- ☐ No

**Parent/Legal Guardian 2**

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

Relationship to Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred phone type: ☐ Home ☐ Work ☐ Mobile

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_





Mobile Telephone: ( ) Email: \_\_\_\_\_

To help us understand your preferences, please select the option that best describes you.

**Gender**

- ☐ Male
- ☐ Female
- ☐ Gender Non-Conforming/Non-Binary
- ☐ Self-describe: \_\_\_\_\_
- ☐ Prefer not to disclose

**Pronouns**

- ☐ He/Him/His
- ☐ She/Her/Hers
- ☐ They/Them/Theirs
- ☐ Self-describe: \_\_\_\_\_
- ☐ Prefer not to disclose

**Ethnicity**

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I choose not to answer this question

**Race**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other Race
- ☐ Two or more Races
- ☐ I choose not to answer this question

**Accommodations**

Do you require any special accommodations to engage with Make-A-Wish?

- ☐ Yes
- ☐ No





## 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 granting of a wish to my child;
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 give permission for the child to receive a 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 of Wish Child*

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Legal Guardian of Wish Child*

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*

