## 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.

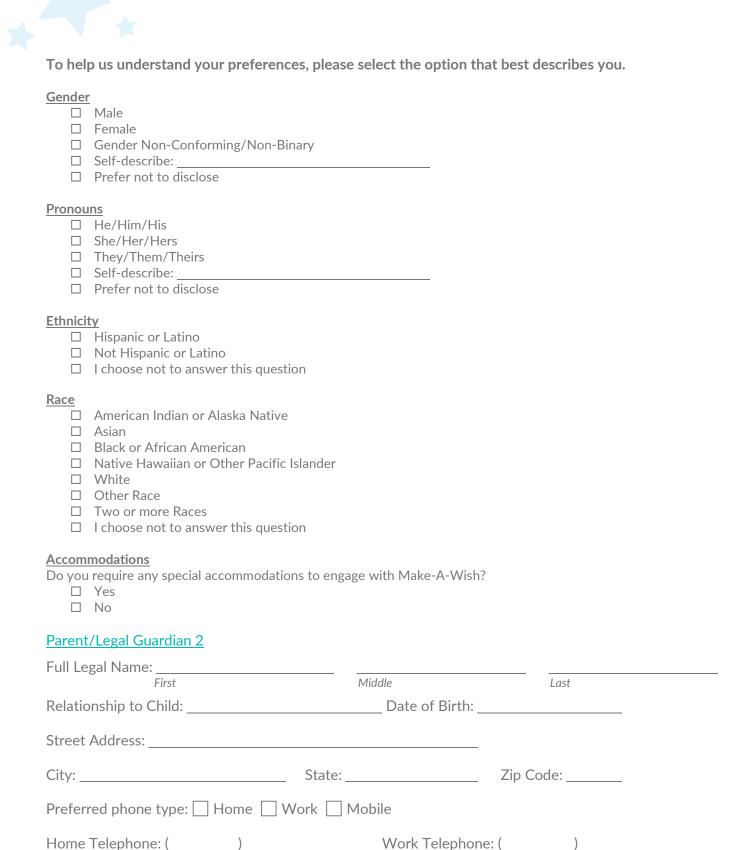
Please complete/confirm the following information for your child and make any necessary changes.

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	s Mobile Telephone: ()
Child's Email:		
Prior Wish		
Has your child ever had a wish grangranting organization?   Yes*		sidered by, Make-A-Wish® or any other wish
Organization's name:		
Wish details:		
Date it was or will be granted: _		
*Note: A wish with another organiz experience.	ation may not be pu	rsued prior to completion of a Make-A-Wish
_	Answering these ques	gible child. We want everyone we interact with stions will not impact your wish, but it will help st describes your child.
Gender  ☐ Male ☐ Female ☐ Gender Non-Conforming/Non-B ☐ Self-describe: ☐ Prefer not to disclose		



	He/Him/His She/Her/Hers They/Them/Theirs Self-describe: Prefer not to disclose			
	ty Hispanic or Latino Not Hispanic or Latino I choose not to answer this question			
	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 modations			
Do you	require any special accommodations to en Yes No	gage with Make-A-	Wish?	
Parent/Legal Guardian Information  As the parent/legal guardian of the minor wish child, please complete/confirm your information and make any necessary changes.				
<u>Parent</u>	:/Legal Guardian 1			
Full Le	gal Name: First	Middle	Last	
Relatio	onship to Child:	Date of B	irth:	
Street	Address:			
City: _	State	:	Zip Code:	
Prefer	red phone type: 🗌 Home 🔲 Work 🗀	] Mobile		
Home	Telephone: ()	Work Tele	phone: ()	
Mobile	e Telephone: ()	Email:		







Mobile	e Telephone: ()Email:
To hel	p us understand your preferences, please select the option that best describes you.
	Male Female Gender Non-Conforming/Non-Binary Self-describe: Prefer not to disclose
	He/Him/His She/Her/Hers They/Them/Theirs Self-describe: Prefer not to disclose
	ty Hispanic or Latino Not Hispanic or Latino I choose not to answer this question
	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
	modations 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 That the receipt of a wish may impact the eligibility for public assistance and/or benefits. 4. 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

