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:	 Middle	Last
Street Address:		Date of Birth:
City:	State: Z	Zip Code:
Preferred phone type (if applicable):	☐ Home ☐ Mobile	
Child's Home Telephone: ()Child's Mol	bile Telephone: ()
Child's Email:		
Prior Wish		
Has your child ever had a wish granting organization? \(\square\) Yes* \(\square\)		ed 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 organization may not be pursued prior to completion of a Make-A-Wish experience.

Make-A-Wish is committed to championing diversity, equity, and inclusion, fostering an organization that is accessible and welcoming to all. In turn, we are uniting communities to help make more wishes possible.

- Our mission is most effectively fulfilled through a commitment to diversity, equity and inclusion as core values and practice.
- It is only through our mosaic of different cultures, perspectives, and experiences that we can grant life-changing wishes to every eligible child.
- As the world's largest wish-granting organization, we stand against racism and intolerance and are committed to representation and acceptance, creating a sense of belonging, and practicing fairness in creating opportunities for our wish families, volunteers, and staff.



The following information helps inform Make-A-Wish's vision to grant the wish of every eligible child. To help us understand your child's preferences, please take a moment to choose which of the following most reflect them.

Gende	<u>r</u>
	Male
	Female
	Gender Non-Conforming/Non-Binary
	Self-describe:
Ш	Prefer not to disclose
Pronou	ıns
	He/Him/His
	She/Her/Hers
	They/Them/Theirs
	Self-describe:
	Prefer not to disclose
Ethnici	tv
	Not of Hispanic, Latino, or Spanish origin
	Mexican, Mexican American, Chicano
	Puerto Rican
	Cuban
	Another Hispanic, Latino, or Spanish origin (for example, Salvadoran, Dominican, Colombian, Guatemalan
	Spaniard, Ecuadorian, etc.)
Ш	Prefer not to disclose
Race	
	American Indian or Alaska Native
	Asian
	□ Chinese
	□ Filipino
	☐ Asian Indian
	□ Vietnamese
	☐ Korean
	☐ Japanese ☐ Other Asian (for everyla Polistani Comphedien, and Ursens)
	☐ Other Asian (for example, Pakistani, Cambodian, and Hmong) Black or African American
	Native Hawaiian or Other Pacific Islander
	□ Native Hawaiian
	□ Samoan
	□ Chamorro
	☐ Other Pacific Islander (for example, Tongan, Fijian, and Marshallese)
	White
	Other Race
	Prefer not to disclose
\ccom	modations
	require any special accommodations to engage with Make-A-Wish?
	Yes
	No





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:	Middle	Last
Relationship to Child:	Date of	Birth:
Street Address:		
City:	State:	Zip Code:
Preferred phone type: Home	e 🗌 Work 🗌 Mobile	
Home Telephone: ()	Work Te	elephone: ()
Mobile Telephone: ()	Email:	
reflect you. Gender Male Female Gender Non-Conforming/ Self-describe: Prefer not to disclose	Non-Binary	nent to choose which of the following most
Pronouns ☐ He/Him/His ☐ She/Her/Hers ☐ They/Them/Theirs ☐ Self-describe: ☐ Prefer not to disclose		
Ethnicity Not of Hispanic, Latino, or Mexican, Mexican America Puerto Rican Cuban Another Hispanic, Latino, or Spaniard, Ecuadorian, etc.) Prefer not to disclose	or Spanish origin (for example, S	Salvadoran, Dominican, Colombian, Guatemalan,



Race						
	☐ American Indian or Alaska Native					
Ш	☐ Asian ☐ Chinese					
	☐ Filipino					
	☐ Asian Indian					
	□ Vietnamese					
	☐ Korean					
	☐ Japanese ☐ Other Asian (fo	ur evamnle Dakistani Can	ahodian and Hmong)			
	□ Other Asian (for example, Pakistani, Cambodian, and Hmong) □ Black or African American					
	□ Native Hawaiian or Other Pacific Islander					
	☐ Native Hawaiia	n				
	□ Samoan □ Chamorro					
		slander (for example, Tons	gan, Fijian, and Marshallese)			
	White					
	Other Race					
Ш	Prefer not to disclose					
Accom	modations					
-	. , .	mmodations to engage w	vith Make-A-Wish?			
	Yes No					
Ш	INO					
Parent	/Legal Guardian 2					
Full Le	gal Name:					
1 411 20	First	Mic	ldle	Last		
Relatio	onship to Child:		_ Date of Birth:			
Street	Address:					
City: _		State:	Zip Co	ode:		
Prefer	red phone type: 🗌 Ho	ome Work Mob	ile			
Home	Telephone: ()	_Work Telephone: ()		
Mobile	e Telephone: ()	_Email:			



To help us understand your preferences, please take a moment to choose which of the following most reflect you.

Gende	<u>r</u>
	Male
	Female
	Gender Non-Conforming/Non-Binary
	Self-describe:
	Prefer not to disclose
Pronou	un <u>s</u>
	He/Him/His
	She/Her/Hers
	They/Them/Theirs
	Self-describe:
	Prefer not to disclose
Ethnici	ity
	Not of Hispanic, Latino, or Spanish origin
	Mexican, Mexican American, Chicano
	Puerto Rican
	Cuban
	Another Hispanic, Latino, or Spanish origin (for example, Salvadoran, Dominican, Colombian, Guatemalan
	Spaniard, Ecuadorian, etc.)
	Prefer not to disclose
Race	
	7 101011
	□ Chinese
	□ Filipino
	☐ Asian Indian
	□ Vietnamese
	☐ Korean
	☐ Japanese
	☐ Other Asian (for example, Pakistani, Cambodian, and Hmong)
	Black or African American
	Native Hawaiian or Other Pacific Islander
	□ Native Hawaiian
	□ Samoan
	□ Chamorro
	Other Pacific Islander (for example, Tongan, Fijian, and Marshallese)
	White
	Other Race
	Prefer not to disclose
Accom	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

