



# 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          |