



Absent Parent Form

I, _____, parent/guardian of _____,
("Child"), hereby represent to the Make-A-Wish Foundation® that:

1. The situation indicated below applies to me:

- My child's other parent/guardian, _____, does not live in our household, does not take an active part in the child's upbringing, has not been in contact with the child or me for more than _____ years, and I am not aware of any means of contacting them; OR
- My child's other parent/guardian, _____, is deceased. They passed away on _____; OR
- I do not know the identity of my child's biological father.

2. I understand that, for legal and other reasons, the Make-A-Wish Foundation requires all individuals with parental or custodial rights for a child to approve the child's wish, or participation in a wish, and to sign various documents including a Liability Release and Authorization Re: Medical Information and Publicity form (the "Release and Authorization");

3. In light of the above circumstances, I take full responsibility for signing the Release and Authorization and other documents so that my child may have their wish granted, or be allowed to participate in a wish, and I indemnify and hold the Make-A-Wish Foundation harmless for, from and against any adverse consequences that may result from my signing the documents alone.

I declare under penalties of perjury that the information set forth herein is true, accurate and complete to the best of my knowledge and belief.

Parent/Guardian Signature

Date

