

Holy Pursuits Dream Foundation Application to Refer a Child

What is your relationship to the child you are referring? (Please check one)

- Parent/ Guardian
- Self
- Relative/ Family Member
- Medical Professional
- Other _____

Referrers Information:

Name:

Phone:

Address:

Email:

How did you hear about H.P.D.F.?

Childs Info:

Childs Name:

Gender:

Age:

Date of Birth:

T-shirt Size:

Jacket Size:

Pant Size:

Hunters Ed State and Number:

Parent or Guardian Contact Information:

Names:

Address:

Phone:

Email:

Medical Information:

Primary Diagnosis:

Current Medical Status:

Is the child currently eligible to travel?

Is there a medical reason we need to move quickly?

Physician Information:

Name:

Hospital or Treatment Center:

Telephone:

Email:

Does the child have any Allergies, Medical Restrictions, Emergency Medications we need to be aware of? Does the child have any issues with Altitude, Exposure to Sunlight, Motion Sickness, Etc?

Does the Child need medical personnel to accompany them while on the trip? If so in what capacity?

Childs Dream Adventure: (Please Check One)

- Hunting Trip
- Fishing Trip

Please list the top 3 trips/ species the child would be interested in going on. One being their top choice, and third being their last choice.

1. _____
2. _____
3. _____

Has the Child been on any dream trip/trips before? Please list what kind of trip/trips and with what organization/organizations.

Please tell us any and all other important information you feel we should know about the child you are referring. Fishing or Hunting / Firearm experience, Animals Harvested, Personality, Likes, Dislikes, etc. Are there any kind of aides needed? (scope cam, trigger assist, special rest, track chair, automatic fishing reel, etc) Please be as detailed as possible. Please attach an additional sheet if needed.

Holy Pursuit's Dream Foundation Flight / Travel Information

Would you Prefer to Drive or Fly?

Please fill out the following information in order to help us book your flights/ rooms as quickly and conveniently as possible.

Parent/Guardian 1

Name (First, Middle & Last): Birthdate: Phone Number: Special Assistance Needed:

Parent/Guardian 2

Name (First, Middle & Last): Birthdate: Phone Number: Special Assistance Needed:

Child

Name (First, Middle & Last): Birthdate: Special Assistance Needed:

Typically two family members are permitted to accompany the child on their dream trip, but in some cases additional family members may be permitted to accompany as well depending on the specific trip. This would have to be reviewed and approved by a HPDF representative along with the Outfitter or trip host.

Before a child can go on their Dream Trip, they must have a signed letter from their primary doctor or physician stating that they are eligible for such trip during the dates scheduled. There will also be a waiver that will have to be signed, holding harmless Holy Pursuit's Dream Foundation, its Board of Directors, and its volunteers.

This Application is the initial step in granting a child an outdoor adventure- it is not confirmation of eligibility. This application will be forwarded to our team member to review it.