



Dear Parent,

Maeve's Foundation was formed in 2023 after the Sudden and Unexplained Death (SUDC) of our beautiful, funny and loving 3 y.o. daughter Maeve. We have made it our life's mission to honor our daughter and keep her memory alive. Since her life was cut short, we have to anticipate what Maeve would want us to do in her name. We've decided to combine her love of Walt Disney World with her understanding of her parents' devotion to healthcare. With this, *Maeve's Wish* was born; a wish-granting organization that grants a child with a life-threatening illness a trip to go to Walt Disney World.

While we cannot cure your child's illness, our goal is to brighten their life by sending them and your family to the most magical place on the planet, Walt Disney World in Orlando, FL. If you have a child, whose wish is to go to Disney World, please complete the attached forms and submit all forms to the foundation address as listed in the guidelines page.

Should you have any questions about Maeve's Foundation or the trip to Walt Disney World, please do not hesitate to contact us.

Sincerely,

Tarah Doshi

President, Maeve's Foundation



## **Wish Guidelines**

1. The Maeve Doshi Memorial Fund, Inc. is a non-profit 501c(3) organization that is fulfilling wishes to go to Walt Disney World in Orlando, FL for those children with a life-threatening or terminal illness.
2. The trip will be for 5 days & 4 nights. The following is included: roundtrip airfare from participant's major home airport to MCO. 4 nights accommodations at The Walt Disney World Swan and Dolphin Resort. 4-day tickets to each of the major parks: Magic Kingdom, Animal Kingdom, Epcot & Hollywood Studios. A Walt Disney World Gift Card to be applied to food & beverage for the 5 days.
3. Maeve's Foundation covers the cost of the above for the wish participant, maximum of 2 parents, and a maximum of 2 siblings under the age of 18.
4. Applications will be accepted for children age 3-17 years and whose wish is to go to Walt Disney World.
5. Maeve's Foundation will not consider an application if the child has another open application to any other wish-granting organization OR has already been granted a wish by another organization.
6. All expenditures must be made by Maeve's Foundation; consequently, Maeve's Foundation cannot accept an application where parents for a child's wish are seeking reimbursement.
7. If the Wish Child's physician(s) requests special arrangements in the granting of the wish, the parents are ultimately responsible for these arrangements, for example medical equipment, presence of medical staff, and any healthcare costs incurred during the trip.
8. There are 5 pages that must be completed to apply for a wish:
  - i. Parent Application
  - ii. Physician Form
  - iii. Liability Release
  - iv. Publicity Release
  - v. Medical Facility's Authorization to Release Healthcare Information (HIPPA form)
9. Questions and application submission may be directed to the Foundation office by emailing: [maevesfoundation@gmail.com](mailto:maevesfoundation@gmail.com)
10. Please note, due to high application volumes and set funding, not all wishes can be granted.

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Parent Name

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Signature

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Date

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Parent Name

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Signature

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Date

Address \_\_\_\_\_

Sworn to be before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Notary Public Print Name

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Signature

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Date



## **Parents Application Form**

Wish Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Workplace Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Workplace Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Attending Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Social Worker \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Has your child ever had a wish granted by any other wish-granting organization? ☐ Yes ☐ No

Is your child's wish a trip to Walt Disney World? ☐ Yes ☐ No

Please indicate three time periods in which your family will have the greatest availability for fulfillment of the wish:

\_\_\_\_\_ or \_\_\_\_\_ or \_\_\_\_\_

Month/Year

Month/Year

Month/Year

Has your family flown before? ☐ Yes ☐ No

Will car seats be needed? ☐ Yes ☐ No If yes, please specify \_\_\_\_\_

Will child require a wheelchair for the trip? ☐ Yes ☐ No If yes, will family bring a wheelchair? ☐ Yes ☐ No

Will handicap accessible accommodations be required? ☐ Yes ☐ No

Does your medical insurance include coverage if traveling out of state? ☐ Yes ☐ No

Does your family have a valid major credit card? ☐ Yes ☐ No

Typically, a hotel requires a credit card for incidentals that may occur during the stay.



Please fill out the table below with the requested wish participants:

| First | Middle | Last | Relationship to Wish Child | Date of Birth | T-Shirt Size |
|-------|--------|------|----------------------------|---------------|--------------|
|       |        |      |                            |               |              |
|       |        |      |                            |               |              |
|       |        |      |                            |               |              |
|       |        |      |                            |               |              |

Does each requested participant (18 and over) have a valid US federal or state-issued photo ID? ☐ Yes ☐ No

The following information will be used for statistical purposes only. This section is optional and will remain confidential.

Child's Ethnicity\_\_\_\_\_

Total Household Income (Please Circle One): Under \$40,000      Between \$40,000-\$80,000  
Between \$80,000-\$120,000      Over \$120,000

I hereby certify that the responses and information provided in this application form are true and accurate to the best of my knowledge. I understand any omission or misstatement can result in dismissal of the application.

\_\_\_\_\_  
Parent Name
\_\_\_\_\_  
Signature
\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name
\_\_\_\_\_  
Signature
\_\_\_\_\_  
Date

Address \_\_\_\_\_

Sworn to be before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

|                                   |                    |               |
|-----------------------------------|--------------------|---------------|
| _____<br>Notary Public Print Name | _____<br>Signature | _____<br>Date |
|-----------------------------------|--------------------|---------------|



### **Physician Information Form**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_ Current Treatment Plan \_\_\_\_\_

Prognosis \_\_\_\_\_

Are you aware of the child's wish to go to Walt Disney World? ☐ Yes ☐ No

Will the child require any of the following for a trip to Walt Disney World?

Wheelchair? ☐ Yes ☐ No

Oxygen? ☐ Yes ☐ No

IV Medications? ☐ Yes ☐ No

Nursing Services? ☐ Yes ☐ No

I, \_\_\_\_\_ M.D. provide medical care to the above named child. I have discussed with the parent(s) the risks involved participating in the wish trip to Walt Disney World. I have instructed them as to who to call in the event medical assistance is needed and how to handle medical emergencies. As long as the parent(s) exercise appropriate precautions, I am of the opinion that participation in the wish trip to Walt Disney World will not present medical risk to the above named child and I recommend that the child participate in the wish trip to Walt Disney World.

Attending Physician's Name \_\_\_\_\_

Hospital \_\_\_\_\_ Direct Telephone (Preferably cell phone) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date



## **Liability Release**

I/we \_\_\_\_\_ are the parents of \_\_\_\_\_ and  
Parent's Names Wish Child's Name

\_\_\_\_\_ hereby expressly acknowledge that I/we have requested that I/we be  
Sibling's accompanying Child  
allowed to participate in a wish being granted to the above named child by The Maeve Doshi Memorial Fund, a non-profit 501c(3) organization.

In the event that the child's wish is approved, the undersigned releasor, as parent of the wish applicant and on behalf of the family members participating in the granting of this wish, and in consideration thereof, understands and agrees that The Maeve Doshi Memorial Fund, Inc. its agents, assigns and employees are not responsible for any claims, judgements, causes of actions or damages arising out of or relating to the preparation, execution and fulfillment of said wish. The scope of this release shall include, but not be limited to, damages or losses or injuries encountered in connection with transportation, food, lodging, medical concerns both physical and psychological, entertainment, photographs and physical or psychological injury of any kind.

I/we have not been promised anything by any agent, director, officer or employee of The Maeve Doshi Memorial Fund, nor has any person associated with said organization given any advice or counsel with respect to the advisability and risk associated with said wish. In that regard I/we are relying solely upon the advice and information supplied to me/us by the physician. The Maeve Doshi Memorial Fund, Inc is acting has been acting solely at my/our request and in accordance with and pursuant to my/our instructions.

I/we as parents of Wish Child grant The Maeve Doshi Memorial Fund permission to obtain all medical information about Wish Child that The Maeve Doshi Memorial Fund, Inc deems necessary for consideration or fulfillment of the Wish. Furthermore, I/we authorize all healthcare providers to provide The Maeve Doshi Memorial Fund, Inc with all such information regarding Wish Child and finally agree to sign any additional medical authorization forms that may be required by Wish Child's healthcare providers. I/we have provided a signed HIPAA form to The Maeve Doshi Memorial Fund, Inc.

I/we hereby warrant that I/we have read the foregoing release and have executed it freely and voluntarily.

|             |           |       |
|-------------|-----------|-------|
| _____       | _____     | _____ |
| Parent Name | Signature | Date  |

|             |           |       |
|-------------|-----------|-------|
| _____       | _____     | _____ |
| Parent Name | Signature | Date  |

Address \_\_\_\_\_

Sworn to be before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

|                          |           |       |
|--------------------------|-----------|-------|
| _____                    | _____     | _____ |
| Notary Public Print Name | Signature | Date  |



## **Publicity Release**

I/we \_\_\_\_\_ Are the parent(s) of \_\_\_\_\_  
Parent's Names Wish Child's Name

And \_\_\_\_\_  
Names of other Minor Children Participating

Give our consent for representatives of The Maeve Doshi Memorial Fund, Inc to use (on print and electronic media) participants' names, picture and Wish Child's medical condition for the purpose of raising funds to grant this wish request and future wish requests for other children.

We give our consent for The Maeve Doshi Memorial Fund, Inc to contact television, radio and newspaper media to do stories about our child's wish for the purpose of increasing awareness of Maeve's Foundation and Maeve's Wish and meeting fundraising needs.

We give our consent that The Maeve Doshi Memorial Fund, Inc may use any such information: (1) in all manner and media whatsoever, whether now known or hereafter invented, including electronic and print media and the Internet; (2) with or without Participants' names; (3) without the payment of royalties or other compensation to anyone including but not limited to all Wish Participants; and (4) without the need to notify them or to seek further approval before doing so.

|             |           |       |
|-------------|-----------|-------|
| _____       | _____     | _____ |
| Parent Name | Signature | Date  |

|             |           |       |
|-------------|-----------|-------|
| _____       | _____     | _____ |
| Parent Name | Signature | Date  |

Address \_\_\_\_\_

Sworn to be before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

|                          |           |       |
|--------------------------|-----------|-------|
| _____                    | _____     | _____ |
| Notary Public Print Name | Signature | Date  |