



APPLICATION CHECKLIST

For your convenience, please use the following when completing the application. Note that any omission will delay processing of your request.

- **Parent Agreement:** Document has been reviewed, signed and dated.
- **Wish Application:** All sections thoroughly completed and wish requests have come directly from the child. (4 pages)
- **Medical Authorization:** This document requires two (2) signatures, both the Physician and Witness. Signatures from Nurse Practitioners or other medical staff will not be accepted in lieu of Physicians signature. If the applicant is under the care of one parent, the parent or guardian of the applicant must provide proof of custody or guardianship. Documentation must be attached or both parents must sign all documents.
- **Liability Release:** The application must be returned within 60 days of receipt. Signatures are only valid for 6 months. KWN will be contacting the child's doctor named on the medical authorization form upon completion of the wish application for verification that the illness is life threatening. We will re-verify should the doctor's signature become older than 6 months.
- **Photo of Child:** Send a quality digital photo of your child to wishes@kidswishnetwork.org. Place the applicant's name in the subject line and be aware that your child will be listed on our website.
*If you do not have access to a digital photo, please call for assistance.

IMPORTANT

Any application that has been altered in any way will not be accepted.



Please read the following before completing any section of this application.

The following criteria must be met before a wish can be fulfilled:

- The child must be able to communicate his/her wish directly to the assigned wish coordinator
- The application, medical authorization form, and liability release form must be originals. **No altered documents will be accepted.**
- The application must be complete and approved by Kids Wish Network **before the child's 18th birthday.**
- A copy of the birth certificate of the Wish Kid must be provided.
- A current photograph of the child must be sent to wishes@kidswishnetwork.org.
- The applicant must **not** be working with another wish agency.
- If the applicant is under the care of one parent, the legal parent or guardian of the applicant must provide proof of custody or guardianship. Documentation must be attached or both parents must sign all documents.
- Only immediate family members living in the same household as the wish child are permitted to participate in the wish. Siblings must be 17 or younger at the time the application is approved in order to participate in the wish.
- A maximum of 5 participants allowed per travel wish.
- Wish family **must** have a credit card to be able to travel.
- If traveling by automobile, distance from wish destination from point of residence must not exceed a 200 mile radius.
- Only one travel wish is permitted per family.
- For a travel wish to be granted, wish parent must speak and understand conversational English to ensure wish families' safety and enjoyment of the wish experience.
- The application must be returned within 60 days of receipt. Signatures are only valid for a total of 6 months.
- Once the application process has started, any contact with media, potential or confirmed sponsors by wish families, without Kids Wish Network's consent and approval, will result in cancellation of the wish. This includes reaching out on social media channels and interviews with reporters. Additionally, fundraising solicitations without Kids Wish Network's approval will also result in cancellation of the wish.
- Certain wishes cannot be fulfilled including, but not limited to: international travel, pets, built-in swimming pools, automobiles, and houses.

All information provided on the application is verified. Misrepresentation of information may result in an application being declined or approval withdrawn at any time.

I have read and understand the above.

Parent/Guardian

Date



Date Sent:	WKID#:

WISH APPLICATION

Applicant Information

Applicant's Name:		
Date of Birth:	Age:	Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Street Address:		
City:	State:	Zip Code:
Home Ph: []	Cell Ph: []	
Email Address:		
Mother's Name:		
Father's Name:		
Legal Guardian(s):		
Applicant's Primary Language:		

Previous Wish Information

Has the applicant previously received a wish by another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of the organization:	Date of Wish:
Wish Granted:	

Persons who will be participating in the wish include:

Relationship	Full Name	Birth Date	Age
Applicant			
Mother			
Father			
Sibling			
Sibling			
Sibling			

Education Information

Is the applicant currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Homeschooled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of School:			
Teacher:		Phone: []	
Address:			
City:		State:	Zip Code:

Applicant's Condition

Applicant's Diagnosed Illness:	
Please explain the nature of the illness:	
Approximate Date of Diagnosis:	
Is applicant able to communicate in writing, verbally, or by other means? Yes No	
If yes, explain method of communication:	

Applicant's Condition - Continued

Is the applicant fully aware of his diagnosis? ☐ Yes ☐ No

Does the applicant have specific medical needs? (i.e. wheelchair, oxygen, nurse) Yes No

If yes, please explain:

Medical Information

Physician's Name:

Phone: []

Fax: []

Email Address:

Street Address:

City:

State:

Zip Code:

Preferred Hospital Name:

Hospital Contact Name:

Position:

Hospital Contact Email:

Street Address:

City:

State:

Zip Code:

Social Worker Name:

Phone: []

Phone: []

Fax: []

Street Address:

City:

State:

Zip Code:

Wish Request

The request for a wish must come directly from the applicant and he must be able to communicate his wish. **Kids Wish Network** reserves the right to request that the applicant submit multiple wish options. Describe three wishes; please understand that only one wish will be fulfilled.

Wish 1:
Wish 2:
Wish 3:

Parental Information:

Please do not leave any blanks. If unemployed, retired, or disabled, please indicate accordingly.

Mother's Employer:		
Street Address:		
City:	State:	Zip Code:
Supervisor's Name:		
Father's Employer:		
Street Address:		
City:	State:	Zip Code:
Supervisor's Name:		



MEDICAL AUTHORIZATION

(To be signed & dated by child's physician)

As the physician for _____ I, _____
(Child's Name) (Physician's Name)

am familiar with the medical history of the above referenced child and have diagnosed him/her with _____, **a life threatening condition**, one that I find to be progressive, degenerative, or malignant and is placing the child's life in jeopardy.

I have explained to the child's parent(s) or legal guardian the medical condition and risks involved, if any, both physically and mentally of participating in the wish hereinafter described. I have instructed them as to who to call in the event medical assistance is needed and how to handle emergencies. As long as the parent(s) or guardian takes sufficient precautions to protect the above named child in accordance with my instructions, I am of the opinion that participation in the wish described hereinafter will not present medical risks sufficient to prevent the child's participation.

Wish 1: _____

Wish 2: _____

Wish 3: _____

Is applicant able to communicate in writing, verbally, or by other means? ☐ Yes ☐ No

If yes, how? _____

Are you aware of any previous wish granted by another wish granting organization? ☐ Yes ☐ No

Physician's Signature

Witness

Date

Date

Physician's Street Address

Phone

Fax



APPLICATION AGREEMENT, LIABILITY & RELEASE, AND PUBLICITY AUTHORIZATION

The undersigned, both individually and on behalf of the child who may be eligible to participate in The Kids Wish Network program does hereby release and forever discharge Kids Wish Network, Inc., its agents, servants, volunteers, employees, successors, sponsors and assigns, (hereinafter referred to as "KWN"), and all other persons, firms and corporations which may be liable from any and all actions, causes of actions, claims and demands for, any damage for any incidence or occurrence which occurs during the participation or consideration of participation in The Kids Wish Network program.

The KWN child and the following people (collectively, "participants") have requested that KWN allow them to participate in the program: (indicate names of potential wish participants) _____

Participants understand that involvement in the program may involve risk of injury or harm to the participants and that all risk is fully assumed by all Participants. This includes, but is not limited to, economic loss, illness or medical condition, accidental injury or death.

I/We hereby acknowledge that we have received the written authorization from (child's doctor) _____ M.D., to participate in the "Kids Wish Network" program, and will follow the doctor's advice in connection therewith. I/WE have not received any advice or counsel with respect to the risks or advisability associated with the fulfilling of our requested wish by KWN and have relied solely upon the advice and information supplied to us by the above listed medical professional.

Medical Information Authorization

The parents or legal guardians 1) grant, KWN permission to obtain all medical information which in KWN's opinion is necessary for the consideration of participation in their program; 2) authorize all healthcare providers, including the wish child's primary physician, to provide KWN with all such information regarding the wish child; and 3) agree to sign any additional medical authorization forms that may be required by the wish child's healthcare provider(s).

Publicity Authorization

It is further understood and agreed that participation in the Kids Wish Network program may result in publicity, whether or not KWN seeks it, therefore KWN cannot make any guarantees to protect the privacy of the Nominee or Participants. Publicity of our programs is important to KWN because it often results in referrals of other sick children that can benefit from our programs, or sponsors willing to fund the programs.

However, KWN is sensitive to Nominee and Participants that may prefer privacy and therefore offers them the opportunity to opt-out of media publicity initiated by KWN. If you choose to opt-out of KWN initiated media publicity, Participants and Nominee understand that information regarding the program may still be discussed and disclosed with those involved or potentially involved in the wish process. This may include but is not limited to physicians, social workers, potential local, regional or national sponsors and KWN employees or directors.

To opt-out of KWN initiated publicity, please request a Publicity Opt-Out form from your KWN wish coordinator and return it within 15 days from execution of this agreement. Participants that do not complete and return the opt-out form within the specified time, authorize KWN to actively publicize this program and understand and agree that KWN may use Participants and Nominee names, likenesses and information including medical condition whether in photographs, videotapes, internet, newspaper, electronic or printed media, promotions, solicitations, advertising, or any other purpose, now or in the future. Participants and Nominee

understand and agree that KWN may use any information, in any manner, in any media with or without the Participants or Nominee names, without the payment of compensation to anyone and without the need for further notification or approval. There are no guarantees that the wish request(s) contained in this application will be fulfilled. If the wish request is approved by the Kids Wish Network's Board of Directors, the Foundation will expend its best efforts to fulfill the wish. In the event that the child's physician feels that the fulfillment of the wish is no longer advisable for any reason, it will no longer be valid.

THIS IS A LEGAL RELEASE OF RIGHTS. This release contains the entire agreement between the participants and the KWN and the terms hereof are contractual and not a mere recital. Participants agree that this Release and Authorization fully and accurately expresses their understanding and has not been modified orally or in writing.

OUR SIGNATURES AFFIXED BELOW ACKNOWLEDGE THE FACT THAT I/WE HAVE READ AND FULLY UNDERSTAND AND ACCEPT THE ABOVE STATEMENTS AND CONDITIONS. IT IS ALSO UNDERSTOOD THAT IF ANY INFORMATION I/WE HAVE PROVIDED IN THIS APPLICATION APPEARS TO BE FALSIFIED, THE ENTIRE APPLICATION WILL BE REJECTED AND Kids Wish Network, Inc. WILL NOT CONSIDER PROCESSING FUTURE APPLICATIONS FOR THIS CHILD.

_____ Parent/Guardian signature	_____ Parent/Guardian - print name	_____ Date
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_____ Parent/Guardian signature	_____ Parent/Guardian - print name	_____ Date
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_____ 1st Witness signature	_____ 1st Witness - print name	_____ Date
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_____ 2nd Witness signature	_____ 2nd Witness - print name	_____ Date
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