

Wish Application Form

Please complete the information below about the child you are nominating.

Make-A-Wish® grants wishes to children (age 3 to 17) living with a life-threatening illness.

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|---|-------------------------------------|------|
| First Name of Child: | Surname: | Age: |
| Date of Birth: | Address: | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Town: | |
| | County: | |
| | Eircode: | |
| Home Tel No. | E-mail: | |
| Mobile No: | Mother/Father/Other (Please circle) | |
| Mobile No: | Mother/Father/Other (Please circle) | |
| Child's School & Class/Year | | |
| Child's Illness: | | |
| Date of Diagnosis: | | |
| Current State of Child's Health: | | |
| Can the child express a wish? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Consultant's Name: | Hospital: | |
| Consultant's Secretary: | Tel No: | |
| Has the child had a wish before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know | | |
| Social Worker (if applicable): | How did you hear about Make-A-Wish? | |

List below all family members living with the nominated child, i.e. Parents, Brothers, Sisters

| Name (inc.surname) | Relationship to child | *Date of birth | *Age |
|--------------------|-----------------------|----------------|------|
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(*Required)

We/I confirm that the information above is complete & true, to the best of my knowledge. We/I, the Child's Parent(s)/Guardian authorise Make-A-Wish® to obtain all medical information about the Child which Make-A-Wish may feel necessary for consideration or fulfilment of the wish and authorise all physicians and medical care providers including the Child's Physician, to provide Make-A-Wish with all medical information regarding the Child. If my/our child is eligible for a wish, I/we agree that a copy of this application may be sent to the Make-A-Wish volunteer assigned for contact details or to other organisations, both inside and outside of the EEA where relevant, that may assist with the wish.

| | | |
|-----------------------------------|------------|-------|
| Parent's / Legal Guardian's Name: | Signature: | Date: |
|-----------------------------------|------------|-------|

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| Notes (office use only) |
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