



FAMILY PACKET

All sections must be completed to receive full consideration.

A) Parent Questionnaire

Child's Name: _____
First Middle Last

Preferred Name: _____ Age/DOB: _____ / _____ Gender: Male Female

Child's Medical Condition: _____ Home Telephone: () _____

Permanent Address: _____
Street Address City State Zip Code

Current Address (if different from above): _____

Medical Considerations: Wheelchair Oxygen Other _____

Parent/Legal Guardian: _____
First Middle Last

Mother Father Other: _____ Age: _____ DOB: _____

Address (if different from child): _____

Home Telephone: () _____ Work Telephone: () _____

Cellular/Alternate Telephone: () _____ Email: _____

Medical Considerations (i.e., wheelchair, oxygen): _____

Parent/Legal Guardian: _____
First Middle Last

Mother Father Other: _____ Age: _____ DOB: _____

Address (if different from child): _____

Home Telephone: () _____ Work Telephone: () _____

Cellular/Alternate Telephone: () _____ Email: _____

Medical Considerations (i.e., wheelchair, oxygen): _____

Does wish child reside with both biological parents? Yes No*

Does each minor wish participant reside with both of his/her biological parents? Yes No*

***IF NO, OBTAIN ADDITIONAL INFORMATION AND/OR APPROPRIATE PAPERWORK**

Adult Emergency Contact

(Non-wish participant)

Name: _____ Telephone Number: _____

Relationship to wish child: _____

Has your child ever had a wish granted or been considered by the Make-A-Wish Foundation® or another wish-granting organization? Yes No *If yes, please indicate below the organization's name, the wish, and the date it was or will be granted.*

B) All About _____

Wish child

My Favorites:

Color _____	Music _____
Book/Story _____	Singer/Group _____
Game _____	Movie _____
Class/Subject _____	TV Show _____
Teacher _____	Actor/Actress _____
Food _____	Sport/Team _____
Junk Food _____	Cake/Candy _____
Restaurant _____	Store _____
Other _____	Pet/Animal _____

In my spare time I really like to:

When I am at home I like to...

Listen to music Watch TV/movies Play computer games Read books

My clothing size: Adult Child Small Medium Large X-Large Other _____

My first wish is:

I chose this wish because:

If my first wish cannot be granted, my second wish is:

I chose this wish because:

C) Potential Wish Participants

Please list all **potential** wish participants. NOTE: the Make-A-Wish Foundation cannot guarantee the participation of all individuals listed below.

	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>Resides with the wish child</i>	
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>Resides with the wish child</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>Resides with the wish child</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>Resides with the wish child</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>Resides with the wish child</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>Resides with the wish child</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>Resides with the wish child</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all medical considerations for potential wish participants: _____

D) Driver Identification Information

For wishes involving the use of a vehicle, indicate licensed participants who will be driving.
Please attach a photocopy of valid driver's license(s).

Name as it appears on license: _____ Age/DOB: _____

Valid D.L. #: _____ State: _____ Expiration Date: _____

Name as it appears on license: _____ Age/DOB: _____

Valid D.L. #: _____ State: _____ Expiration Date: _____

Do you have current automobile insurance? Yes* No

***If yes, attach copy of your automobile insurance policy's declaration page.**

Does your automobile insurance provide coverage while using a rental car? Yes No

Is a wheelchair accessible vehicle needed? Yes No Dimensions of wheelchair _____

Does your family have a valid major credit card? Yes No Expiration date _____

Our family has: Luggage Camera (35mm)

E) Scheduling the Wish

Please indicate three possible dates for the fulfillment of the wish.
 (Note: preferred dates cannot be guaranteed)

On _____ or _____ or _____
Month/day/year Month/day/year Month/day/year

Please list any conflicting dates for the wish. (e.g., upcoming treatment, school, work, etc.)

The following information is **OPTIONAL** and will be used for **STATISTICAL PURPOSES ONLY**. The response should be provided by the child or his or her parent(s)/guardian(s) if they choose to do so.
Please select one or more of the choices as appropriate.

Child's Race/Ethnicity

- | | | |
|---|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White | <input type="checkbox"/> Other _____ |

REQUIRED SIGNATURES

I understand and agree:

1. That no promises or assurances whatsoever have been made to me by any representative of the Make-A-Wish Foundation regarding the requested wish;
2. That the granting of any wish and the participation of any person in the wish is contingent upon approval by the Make-A-Wish Foundation and the child's physician, as well as full compliance with all conditions, qualifications, and restrictions designated by the Make-A-Wish Foundation;
3. That all individuals with parental or custodial rights for the child must approve the wish before it is granted and must sign all necessary documents; and
4. That the receipt of a wish may impact the eligibility for public assistance and/or benefits.

I promise that the information provided by me is true and complete to the best of my knowledge.

Parent/Legal Guardian Signature	Date	Parent/Legal Guardian Signature	Date
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Please Print Name	Please Print Name
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Make-A-Wish[®] representatives assisting in the completion of this form:



**LIABILITY RELEASE AND
AUTHORIZATION RE: MEDICAL
INFORMATION AND PUBLICITY**

The undersigned have requested that the Make-A-Wish Foundation® of _____
New Mexico _____, as well as the Make-A-Wish Foundation of America, all licensed chapters and affiliates thereof, and their respective volunteers, officers, directors, employees and agents (collectively, "Make-A-Wish"), fulfill a wish (the "Wish") for _____ ("Wish Child"). The Wish Child and the following people (collectively, "Participants") have requested that Make-A-Wish allow them to participate in the Wish:

Participants, and the parents or legal guardians of the Wish Child and any minor Participants, are signing this Liability Release and Authorization Re: Medical Information and Publicity ("Release and Authorization") to bind themselves, their minor children, their heirs, successors, assigns and estates to the conditions described herein.

Liability Release

Participants understand that involvement in the Wish may entail risk of injury or harm to the Participants and agree that this risk is fully assumed by the Participants. In addition, and in consideration of Make-A-Wish considering the Wish and, if it so determines, granting the Wish, the Participants hereby release and agree to hold Make-A-Wish harmless for, from and against any and all liability, damages and claims ("Claims") of any kind, known and unknown, which may be connected with, result from, or arise out of the consideration, preparation, fulfillment or participation in the Wish. This includes, but is not limited to, Claims involving economic loss, illness or medical condition, accidental injury or death.

Authorization re: Medical Information

The parents or legal guardians of Wish Child: (1) grant Make-A-Wish permission to obtain all medical information about Wish Child that Make-A-Wish deems necessary for consideration or fulfillment of the Wish; (2) authorize all healthcare providers, including Wish Child's primary physician, to provide Make-A-Wish with all such information regarding Wish Child; and (3) agree to sign any additional medical authorization forms that may be required by Wish Child's healthcare provider(s).

Publicity Authorization

Participants understand and agree that fulfillment of the Wish may result in publicity, whether or not Make-A-Wish actively takes steps to publicize the Wish. However, to the extent Make-A-Wish has control over the matter, Wish Child's parents or guardians are asked to choose between the following two alternatives. [Note: By signing this Release and Authorization, all other Participants (or their parents/guardians if under the age of 18) agree to be bound by the "publicity option" chosen by Wish Child's parents or legal guardians.]



OPTION 1 [*Publicity O.K.*]: Participants authorize Make-A-Wish to publicize the Wish and to use Participants' names, likenesses and other information about Participants and the Wish (including Wish Child's medical condition), whether embodied in photographs, videotapes, recordings or any other format (collectively, "Information"), for purposes of promotion, publication, commercial advertising, or any other purpose whatsoever, now or at any time in the future. Participants understand and agree that Make-A-Wish 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; and (4) without the need to notify them or to seek further approval before doing so.

Initials of Wish Child's parents/

guardians if authorizing publicity: _____



OPTION 2 [*Prefer no publicity*]: Participants request that information about their involvement in the Wish not be actively publicized by Make-A-Wish to the electronic or print news media, posted on the Internet, or used in Make-A-Wish "collateral" such as newsletters, brochures, annual reports, etc. However, each Participant understands and agrees: (1) that information regarding the Wish and Participants will necessarily be discussed with and disclosed to those involved in the wish process; (2) that Make-A-Wish may publicly describe and promote the Wish generally, without specifically identifying Participants; and (3) that even if Make-A-Wish does not actively publicize the Wish, the general public and media may obtain information concerning Participants' involvement in the Wish from other sources.

Initials of Wish Child's parents/guardians

if prefer Wish not be actively publicized: _____

Participants acknowledge reading and understanding this Release and Authorization. For the Wish Child and any minor Participants, the signature of their parent or guardian is on behalf of the parent/guardian and on behalf of the minor. Participants agree that this Release and Authorization fully and accurately expresses their understanding and has not been modified orally or in writing.

_____	_____
<i>Date</i>	<i>Parent/Legal Guardian of Wish Child</i>
_____	_____
<i>Date</i>	<i>Parent/Legal Guardian of Wish Child</i>
_____	_____
<i>Date</i>	<i>Other Adult Participant (if any)</i>
_____	_____
<i>Date</i>	<i>Other Adult Participant (if any)</i>
_____	_____
<i>Date</i>	<i>Other Adult Participant (if any)</i>
_____	_____
<i>Date</i>	<i>Parent/Legal Guardian of Other Minor Participant (if any)</i>
_____	_____
<i>Date</i>	<i>Parent/Legal Guardian of Other Minor Participant (if any)</i>

Medical Needs Form

Please remember that you know your child's equipment needs and are familiar with them. Staff and volunteers are not familiar with any of these items, therefore, please don't assume this information is general knowledge.

Wheelchair: Manual _____ Electric _____ Battery Type _____ (Dry, Wet or Gel Cell)
 Bringing Own Chair _____ Need to Rent _____ Height: _____ Weight: _____

Oxygen: Two prescriptions are needed which must include flow rate and method of delivery (1 for oxygen need while on flight and 1 for oxygen need while on the ground)

Tank size/type? _____ How Many? _____ Liquid O2 _____

Nursing Services: A prescription is needed from the physician stating Nursing services are needed including when the services are needed during the day and/or night and how many hours per day.

Medical Equipment: Please include model and make of equipment, such as feeding pumps, machines, masks, etc.

Refrigeration Needs: Does the family need to have refrigerator accessibility in their hotel for medical supplies?

Yes No

Dietary Needs: If the family is traveling to GKTW please include any special dietary needs

Handicap Sticker: If the family is traveling and needs handicap accessible parking, please remind them to bring their sticker as they cannot reissue them at their destination.

If any other family member has special needs, please alert the Foundation.

The MAWFNM will not make arrangements or pay for prescriptions, syringes, feeding bags, etc. It is your responsibility to make these arrangements with your providers and arrange for payment before your trip.

NOTE: Due to increased security at the airport, prescriptions need to be placed in a clear plastic bag as well as prescriptions for equipment need to be left out for checkpoints.

My child **does not** have need for any medical equipment/care.

Parent/Legal Guardian

Date

Witness Signature

Date

Liability and Publicity Release ("Release") (form AB)

Do Not Alter This Form

FORM AB

TO BE SIGNED AND DATED BY BOTH PARENTS AND/OR LEGAL GUARDIAN(S) OF EVERY PARTICIPANT MINOR CHILD (WISH CHILD AND ANY OTHERS PARTICIPATING IN WISH, WHETHER OR NOT THESE PARENTS(S)/GUARDIAN(S) ARE ACCOMPANYING THE CHILDREN) AND BY ALL ACCOMPANYING ADULTS 18 YEARS OR OLDER.

Wish Child _____

Arrival Date _____

1. I/we _____ Parent(s)/Guardian(s)

of _____ and _____
Wish Child Accompanying Minor Brother(s) and Sister(s)

2. And/or _____, Parent(s)/Guardian(s) of

Accompanying Minor Child(ren)

3. And/or _____, Accompanying Adult(s)
18 Years or Older

hereby expressly acknowledge that I/we have requested that I/we be allowed to participate in a wish being granted to the above named Wish Child by *GIVE KIDS THE WORLD, INC.*, ("GKTW") a nonprofit organization.

I. Release from Liability

By my/our signature(s) set forth below, and in consideration of GKTW granting said wish, I/we hereby release GKTW, its agents, officers, directors, contractors, servants, employees, parents, subsidiaries, members and affiliates (collectively "GKTW Team") and their successors, heirs, assigns and representatives from any and all claims, losses, liabilities, damages and causes of action whatsoever, including those arising from the acts or omissions of the GKTW Team and otherwise, in connection with the preparation, execution and fulfillment of said wish, on behalf of ourselves, the above-named Wish Child and all other participants listed above. The scope of this release shall include, without limitation, damages, liabilities, losses or injuries arising in connection with transportation, food, lodging, medical concerns (physical and emotional), entertainment, photographs and physical injury of any kind.

I/we further agree to hold harmless and to release the GKTW Team, their successors, heirs, assigns and representatives from and against any and all claims, losses, liabilities, damages and causes of action of every kind, including those arising from the acts or omissions of the GKTW Team and otherwise, for any and all physical or emotional injuries and/or damages which may happen to me/us, or damage to or theft of our personal belongings, jewelry or other personal property which may occur while staying at *GIVE KIDS THE WORLD VILLAGE* ("Village").

FORM AB PAGE 2 (continued)

At no time will Wish Child, Accompanying Minor Brother(s) and Sister(s), or any Accompanying Minor Children with me/us be left unattended or unsupervised by an adult throughout our entire stay at the Village. In addition, I/we acknowledge that I/we am/are responsible for any damages to or loss of property at the Village caused by me/us, or by Wish Child, Accompanying Minor Brother(s) and Sister(s), or Accompanying Minor Children. I/we am/are aware that only wish participants whose names are listed on this form may stay on Village property and utilize its services and special offerings. I/we will meet and/or socialize with all other individuals off Village property.

**** II. Medical Authorization**

With respect to the physical and emotional effects of granting the wish of the above named Wish Child, I/we hereby acknowledge that I/we will consult with and obtain the written authorization of _____, M.D.

Please Print Doctor's Name

(Physician), who is the above-named Wish Child's primary care physician, to allow the above named Wish Child to participate in the wish, and will follow the advice of said Physician in connection therewith.

I/we agree to grant permission to the GKTW Team to obtain such medical information concerning the above-named Wish Child as the GKTW Team shall deem necessary in the consideration of granting the wish from whatever source or sources as the GKTW Team shall determine, at its sole discretion. I/we further agree to execute all authorizations necessary for the appropriate members of GKTW Team to obtain the aforementioned information.

III. Acknowledgments

I/we expressly acknowledge and agree that this Release applies to any and all stays or visits to the Village regardless of when the stay or visit occurs or the duration of the stay or visit.

THIS SPACE INTENTIONALLY LEFT BLANK

FORM AB PAGE 3 (continued)

I/we have neither been promised anything by any member of the GKTW Team, nor has any person associated with the foregoing individuals or entities 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 Physician. The GKTW Team is acting and has acted solely at my/our request and in accordance with and pursuant to my/our instructions. I/we acknowledge, understand and agree that I am/we are executing this release both individually and on behalf of my/our child(ren) in my/our capacity(ies) as parent(s)/guardian(s) of my/our child(ren) as named herein; and that this release shall be binding on me/us, our successors, heirs, assigns and representatives, and the successors, heirs, assigns and representatives of my/our child(ren).

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

Witness	Date	Parent/Guardian	Date
Witness	Date	Parent/Guardian	Date
Witness	Date	Parent/Guardian	Date
Witness	Date	Parent/Guardian	Date
Witness	Date	Accompanying Other Adult	Date
Witness	Date	Accompanying Other Adult	Date

**** These sections are applicable only to parent(s)/guardian(s) of the Wish Child.**

IV. Publicity Release

THIS SECTION APPLIES ONLY IF YOU ARE AMENABLE TO PUBLICITY. IF YOU PREVIOUSLY INDICATED YOU WERE NOT AMENABLE TO PUBLICITY ON THE WISH REQUEST FORM, BUT HAVE SINCE CHANGED YOUR MIND, PLEASE SIGN AND DATE AS INDICATED BELOW.

By my/our signature(s) set forth below, I/we release the GKTW Team, their successors, heirs, assigns and representatives from any claim for invasion of privacy or use of my/our likeness(es), and authorize the GKTW Team to photograph, film, videotape and/or electronically record interviews with me/us, Wish Child, or both, our appearance(s), photograph(s), voice(s), physical likeness(es) and name(s) in such manner as they choose.

I/we further authorize the GKTW Team and all other persons or entities participating in taking said photographs, films, videotapes and/or electronically recorded interviews to distribute now or at any time in the future, any or all of said photographs, films, videotapes and/or electronically recorded interviews to anyone including the general public, magazines, newspapers, television and radio stations, and/or any other organization or person that customarily presents information or news to the general public. I/we further authorize the GKTW Team to disclose to the general public, as well as to television and radio stations, newspapers or magazines, or any other form of news or public media, now or at any time in the future, my/our name(s) and the details of the wish in which I am/we are participating. No compensation or remuneration shall be paid to me/us for such uses as described in this paragraph. GKTW shall own in perpetuity all property and copy rights in all recordings, photographs, film and videotape hereinabove described. For the purpose of the foregoing paragraph, recordings, photographs, film and videotape shall include, without limitation, digital formats of the aforementioned media.

Print Name

Date

Signature

INITIAL GIFTS EXPENSE WORKSHEET & WISH INTERVIEW

WISH CHILD _____
 TEAM _____

1. How was your initial meeting with the wish child and their family?

2. Were there any problems, or do you foresee any problems with the wish experience?

3. Was the family: Cordial _____ Demanding _____ Unresponsive _____

4. Is this family/wish child appropriate for events and/or media?

5. How was the Make-A-Wish office support?

6. How can we improve our process?

Reason	Amount to be reimbursed	Amount In-Kind donation	Items/Services
TOTALS	\$	\$	

Less amount issued by MAW \$ _____

Balance owed to MAW	\$
Reimbursement to WG	\$

Reminder: Initial gift limit is \$25.00 total (for the family)

NOTE: Original receipts must be submitted for reimbursement. Anything in excess of the \$25.00 will be considered as an In-Kind donation!

Submitted by: _____ Date: _____

My wishes...

I wish to go...

I wish to have...

I wish to be...

I wish to meet...