

BENEFIT4KIDS OUTDOOR WISH REQUEST FORM

Please fill out this form completely and mail to the address at the bottom of the form.

Child's Information

Child's Complete Name: _____ Sex: M / F (circle one)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Date of Birth: _____ Age Now: _____

Has the child ever had a wish granted by another wish granting organization? _____

If "Yes" by what organization & wish granted: _____

Note: It is our desire to maximize the number of children we serve. If the child has been granted a wish from another organization, please let us know so we can appropriately consider each request we grant.

Outdoor Wish Desired

Please give a brief description of what the Outdoor Wish is that the child would like granted.

Child's Diagnosis/Illness & Special Aid Requirements

Diagnosis/Illness: _____

Is the child aware of the illness? _____

If critically ill, what is the window of opportunity to participate in his/her outdoor wish?

Does the child use a wheelchair? _____ Type? _____

Does the child use a cane, crutches or Walker? (Circle which one if so) _____

Does the child have leg braces? _____

Does the child have oxygen? _____

Does the child require an IV? _____

Is the child blind or deaf? (Circle which one if so) _____

Special notes on illness that were not outlined above that we should be aware of:

Parent/Guardian Information

(If guardian is not a parent please list relationship)

Mother's Legal Name (First, Middle, Last): _____

Address: _____ City: _____

State: _____ Zip: _____ DOB: _____

Home Phone: _____ Alt Phone: _____

Email Address: _____

Father's Legal Name (First, Middle, Last): _____

Address: _____ City: _____

State: _____ Zip: _____ DOB: _____

Home Phone: _____ Alt Phone: _____

Email Address: _____

Sibling(s) and/or immediate family member(s) living at home

Please list all siblings and/or immediate family members living at home and their date of birth(s)

1. _____ 3. _____

2. _____ 4. _____

Physician Information

Attending Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax Number: _____

Email (if applicable): _____

Hospital Information: (if applicable)

Hospital Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax Number: _____

Email (if applicable): _____

Outdoor Wish Questions

If your child is **requesting a hunting or fishing trip** please answer the following questions (if not you may skip to signatures section at the bottom of this page). Outdoor Wishes can be anything pertaining to the outdoors such as: *Hunting or Fishing Adventures, Camping Trips, Backpacking, Hiking, Horseback Riding, Houseboat Adventures, Canoeing, Boating, etc.*

1. What type of dream hunt or fishing trip would the child like?
(Please circle what interests you) Deer, elk, hog, ram, moose, bear, duck, goose, pheasant, coon, turkey, fresh water fishing, saltwater fishing or any other outdoor sports related wish.
2. Has the child ever participated in any form of hunting or fishing? Yes or No
3. Has the child ever taken a hunters safety course? Yes or No
- If yes please attach a copy of the hunting safety certificate (firearm safety is an important part of successful hunt.)
4. Has the child ever had or now has a hunting license? Yes or No
5. Has the child ever had or now has a fishing license? Yes or No
6. Does the child have a suitable firearm for his/her particular wish or will a suitable firearm need to be provided? Yes or No
7. If the child chooses a fishing trip does he/she have a suitable rod/reel/tackle or would rod/reel/tackle have to be provided? Yes or No
8. Will the child need wheelchair accessibility to blinds, boats etc? Yes or No

Signatures and Authorization

I hereby certify that the facts contained above are true to the best of my knowledge.

Forms must be signed by parents and/or legal guardians in order to be accepted by Benefit4Kids.

Signature: _____ Date: _____

Signature: _____ Date: _____

By signing this form you state all information on this form is true. If Benefit4Kids becomes aware or is notified that any information on this form is found to be false or misleading in any way in an attempt to benefit a child's opportunity to be granted an "Outdoor Wish" from Benefit4Kids, the parents and/or guardian whose signature appear above can and will be held responsible.. Legal action can and will be used to recover any funds and/or payments made towards this child's trip, including airfare, up to the point of Benefit4Kids learning about the misleading information, even if learning of this information after a trip takes place.

Note: If Possible please include a picture of the child requesting this "Outdoor Wish"

Liability Release
{Do Not Alter This Form}

I/we _____ the parent/Guardian of
(Parents/Guardian Name)

_____ and _____
(Child's full name requesting Outdoor Wish) (Siblings accomplishing Child Requesting Outdoor Wish)

hereby expressly acknowledge that I/we have requested that I/we be allowed to participate in a wish being granted to the above named child by **Benefit4Kids** nonprofit organization.

By my/our signature(s) set forth below, and in consideration of the above named nonprofit organizations and all of its agents, officers, directors, servants and employees from any liability whatsoever in connection with the preparation, execution and fulfillment of said wish, on behalf of ourselves, the above named wish child and all other participants. 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 (physical and emotional), entertainment, photographs and physical / mental injury of any kind.

By my/our signature(s) set forth below, I/we further authorize **Benefit4Kids** or any of their agents, directors, officers, servants or employees to photograph, film and /or electronically record interviews with me/us in such manner as they choose. I/we further authorize said organizations or any person or organization participating in the taking of said photographs, films and /or electronically recorded interviews to distribute now or at any time in the future, all of said photographs, films 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 agree to hold harmless and to release **Benefit4Kids** from and against any and all claims and causes of action of every kind arising from 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 participating in said wish. At no time will any children traveling with me/us be left unattended or unsupervised by an adult throughout our entire participation in said wish. In addition I/we acknowledge that I/we am/are guests of said wish, and are responsible for any damages to or loss of property of organizations involved with said wish caused by me/us or by my/our children.

I/we are aware that only wish participants whose names are listed on this form may utilize the services and special offerings involved with said wish. I/we will meet and/or socialize with all other individuals separately from said wish.

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., 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 have not been promised anything by any agent, director, officer, servant or employee of **Benefit4Kids**, nor has any person associated with said organizations given any advice or counsel with respect to the advisability and risk associate with said wish. In that regard I/we are relying solely upon the advice and information supplied to me/us by the physician. **Benefit4Kids** is acting and has been acting solely at my/our request and in accordance with and pursuant to my/our instructions.

*******IMPORTANT NOTICE*******

If you have a “Do Not Resuscitate” order in your State, please be advised that it is not valid in some other States.

I/we hereby 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

Mail Complete application to

Benefit4Kids Outdoor Wish Program
21660 23 Mile Road
Macomb MI 48044



Physician / Patient Summary

Child's Complete Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Home Phone: _____

Parents Names: _____

Attending Physician's Name: _____

Physician's Phone: _____ Emergency Number: _____

Patient Information

Diagnosis: _____

Will child require medical services while they are participating in their "Wish"? Y / N (circle one)

If Yes, Please List/Explain: _____

Will the Child Require any of the Following:

Wheel Chair (Specify if Electric):	_____
Oxygen (Specify Rate):	_____
Nursing Services:	_____
Transfusions:	_____
X-Ray:	_____
Lab Work:	_____
Venous Access:	_____
Physical Location/Type:	_____

Overall Current Medical Condition of the Child: _____

Current Medications (list type/dosage): _____

Medications contraindicated: _____

Allergies: _____

On Study: _____

Physician Signature: _____ **Date:** _____

A Rubber Stamp on this copy and/or note on office letterhead is required for authenticity purposes

Medical Authorization

As the Primary Care Physician for: _____
(Print Child's Name)

I, _____ M.D, am familiar with the physical condition
(Physician's Name)

of the above named child. I have explained to the above named child's parent(s) or legal guardian(s) the medical condition of the above named child. I have discussed with the parent(s) or legal guardian(s), the risks involved (both physically and mentally), by participation by the above named child in fulfillment of the wish (as it was explained to me and as hereinafter described). 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) or legal guardian(s) take sufficient precaution to protect the above named child in accordance with my instructions to them, I am of the opinion that participation in the wish described to me by the above named child will not present medical risk to him/her sufficient to prevent my recommendation he/she participate in the following wish.

Description of Wish:

Mail Complete application to

Benefit4Kids Outdoor Wish Program
21660 23 Mile Road
Macomb MI 48044

Benefit4Kids