

A CHILD'S WISH

A CHILD'S WISH OF GREATER NEW ORLEANS

Facsimile Transmittal Sheet

Fax to: (504) 584 - 5887

Date: _____ Total Pages: _____

To: Kristen Cotaya

Phone: (504) 367 - WISH Fax: (504) 455 - 6512

Email: acwgno@yahoo.com

From: _____

Phone: () _____ Fax: () _____

Email: _____

In reference to: _____

Social Worker: _____

Message/Notes: _____



A CHILD'S WISH

A CHILD'S WISH OF GREATER NEW ORLEANS PHYSICIAN REFERRAL FORM

PERSONAL INFORMATION:

_____ Child's Name _____ Date of Birth _____ Age _____

Parents : _____

Home #: _____ Work #: _____ Cell #: _____

Address: _____

Siblings:

_____ Name _____ Date of Birth _____ Name _____ Date of Birth

_____ Name _____ Date of Birth _____ Name _____ Date of Birth

Additional Personal Information: _____

MEDICAL/DOCTOR REVIEW:

Diagnosis: _____

Staging and Recurrence: _____

Prognosis of Doctor: _____

Hospital: _____ Attending Physician: _____

Additional Medical Information: _____

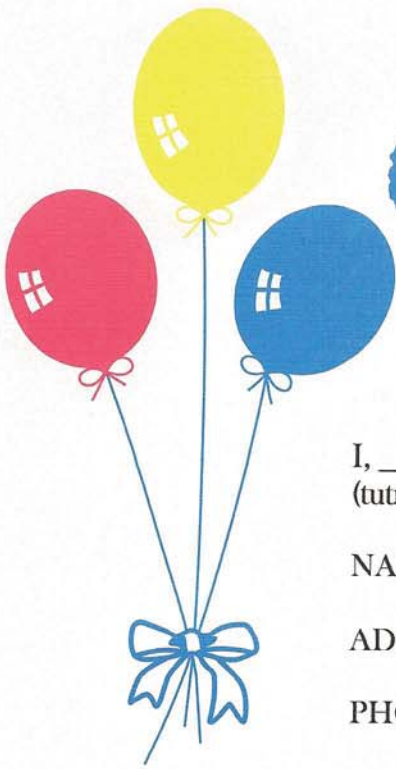
WISH REP:

HAS CHILD RECEIVED A WISH FROM ANY OTHER WISH GRANTING ORGANIZATION: _____ YES _____ NO

Wish Coordinator: _____ Date of Referral: _____

Referred By: _____ Approval Date: _____

NOTES: _____



A CHILD'S WISH

A CHILD'S WISH OF GREATER NEW ORLEANS CONSENT FORM

I, _____, as a parent, guardian, natural tutor
(tutrix), and/or administrator (administratrix) of the estate of the minor child

NAME _____

ADDRESS _____

PHONE _____ do hereby authorize, empower, and direct

(Hospital) _____ to provide the release to

A CHILD'S WISH OF GREATER NEW ORLEANS, INC., its Officers, Directors, members, or authorized agents thereof, copies of any and all medical information which they may request regarding the said minor child, including but not limited to, medical reports, medical narratives, medical summaries, x-ray reports, laboratory reports, diagnosis, prognosis, hospital records and psychiatric and psychological evaluations and reports.

This authorization is strictly limited for release to us by those parties above named solely in connection and participation with activities of and sponsored by A CHILD'S WISH OF GREATER NEW ORLEANS, INC. and shall not be disseminated or provided to any other person, firm, or corporation unless specifically authorized.

Attending Physician

Parent/Guardian Signature

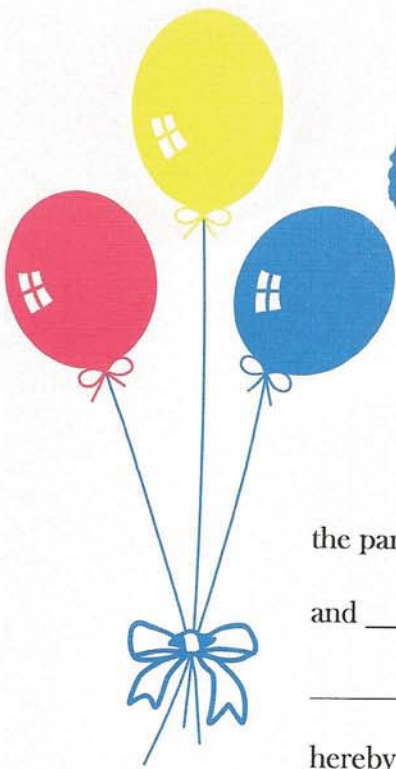
Hospital Representative

Parent/Guardian Signature

Telephone Number (Ext)

Date

Date



A CHILD'S WISH

A CHILD'S WISH OF GREATER NEW ORLEANS LIABILITY RELEASE

(I), (We), _____,

the parents and/or guardian(s) of _____,

and _____

(PLEASE PRINT NAMES OF ALL OTHER MINOR CHILDREN PARTICIPATING)

hereby expressly knowledge that (I), (We), have requested the A CHILD'S WISH OF GREATER NEW ORELAN, INC., a nonprofit organization, consider granting the wish of the above named child. (I), (We), further represent that (I), (we), have the sole and unconditional authority to execute all legal documents on behalf of, and are the sole legal guardian(s) of the above named child and all minor children participating.

As evidenced by (my), (our), signature(s) set forth below, and in consideration for A CHILD'S WISH OF GREATER NEW ORLEANS, INC. to consider allowing the above named child and all other participants to participate in said wish, (I), (we), hereby release A CHILD'S WISH OF GREATER NEW ORLEANS, INC., 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 child and all other participants. The scope of this release shall include, but not be limited to problems encountered in connection with transportation, food, lodging, medical problems (physical and emotional), photographs, entertainment, and accidental injury of any kind.

(I), (We), further agree on behalf of ourselves, the above named child, and all minor children participating that A CHILD'S WISH OF GREATER NEW ORLEANS, INC., shall in no manner be affected by its participating and assisting in making arrangements for and participation in the execution and fulfillment of the wish.

With respect to the effect of granting the wish of the above named child, both physically and emotionally, (I), (We), will consult with and obtain the written

authorization of _____ M.D. (physician), who is
(DOCTOR'S NAME)

the above named child's primary care physician, to allow the above named child to participate in the wish and will follow the advice of said physician in connection therewith.

I further agree that A CHILD'S WISH OF GREATER NEW ORLEANS, INC., shall remain free from any and all liability whatsoever in any way connected with granting the wish of the above named child, and all participants and the non-liability of A CHILD'S WISH OF GREATER NEW ORLEANS, INC. shall in no manner be affected by it's participation and assistance in making arrangements in the execution and fulfillment of the wish.

I warrant that I have read the above release prior to its execution and I am fully familiar with the contents thereof.

Witness

BY: Parent/Guardian

Date

BY: Parent/Guardian



A CHILD'S WISH

A CHILD'S WISH OF GREATER NEW ORLEANS PUBLICITY LIABILITY RELEASE

As evidenced by my signature below set forth, and in consideration of the agreement of A CHILD'S WISH OF GREATER NEW ORLEANS, INC. to consider allowing the above named child and all other participants to participate in said wish, I hereby release directors, officers, servants, and employees from any liability whatsoever in connection with the preparation, execution and fulfillment of said wish, on behalf of the wish participant(s).

The scope of this release shall include, but not be limited to, problems encountered in connection with transportation, food, lodging, medical problems (physical and emotional), entertain photographs, and accidental injury of any kind. By my signature set forth below, I further authorize A CHILD'S WISH OF GREATER NEW ORLEANS, INC. or any of its agents, directors, officers, servants, or employees to photograph, film, and/or electronically record interviews with the participant(s) in such a manner as they choose. I further authorize A CHILD'S WISH OF GREATER NEW ORLEANS, INC. 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 the 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(s) which customarily presents information or news to the general public. I further authorize A CHILD'S WISH OF GREATER NEW ORLEANS, INC. to disclose to the general public as well as to television and radio stations, newspapers and magazines or any other form of news or public media, now and at anytime in the future, the name of _____ and details of the wish in which the above named child, parent(s), guardian(s), and any other person in attendance may participate. In addition, I agree that A CHILD'S WISH OF GREATER NEW ORLEANS, INC. has permission to use my child's photo of his/her wish on the organization's website <www.achildswish.org>.

I further agree that A CHILD'S WISH OF GREATER NEW ORLEANS, INC. shall remain free from any and all liability whatsoever in any way connected with granting the wish of the above named child, and all participants and the non-liability of A CHILD'S WISH OF GREATER NEW ORELANS, INC. shall in no manner be affected by it's participation and assistance in making arrangements in the execution and fulfillment of the wish.

I warrant that I have read the above release, prior to its execution, and I am familiar with the contents thereof.

Witness Signature

By: Parent/Guardian

Date

By: Parent/Guardian