

GRANTED APPLICATION

Child's Name: _____ Application Date: _____

Medical Conditions: _____

Birthdate: _____ Age _____ Sex: _____ Favorite Color: _____ T-Shirt Size: _____

Has child ever been granted a wish by another wish granting organization? Yes _____ No _____

How did you hear about Granted? _____

Mom: _____ DOB _____ T-shirt size _____

Dad: _____ DOB _____ T-shirt size _____

Parents together? Yes _____ No _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Text? Yes _____ No _____

Email: _____

Where does your child attend school? _____

List your child's top three wishes. Why?

1. _____

2. _____

3. _____

Would you be okay with photos and media if your child should receive their wish? Yes _____ NO _____

Other children in the family living in the household:

Name	DOB	t-shirt size	Name	DOB	t-shirt size
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list the child's pediatrician or family doctor, AND the specialists that take care of your child's QUALIFYING condition(s). **We MUST have the physician's Fax number, because that is how we communicate with them.**

Family Physician: _____

Phone: _____

Fax: _____

Address: _____

City: _____ State: ____ Zip: _____

Specialist: _____

Phone: _____

Hospital : _____

Fax: _____

Address: _____

City: _____ State: ____ Zip: _____

Specialist: _____

Phone: _____

Hospital : _____

Fax: _____

Address: _____

City: _____ State: ____ Zip: _____

Thank you!

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

To: _____ (Child's Physician)

Patient's Name: _____

Patient's Date of Birth: _____

I, the natural parent or guardian of _____
A minor, hereby authorize the release of all medical records of any kind or nature in your possession, custody or control to Granted and authorized representatives of Granted, an Indiana non-for-profit corporation of Evansville, Indiana, which records pertain to your care and treatment by you from birth until present.

This authorization is made for the purpose of verification of eligibility for a charitable contribution to _____ (name of parent or legal guardian) from Granted.

As natural parent or legal guardian of _____
I hereby release you from all legal responsibility or liability that may arise from the act which I have authorized above.

(Signature of Parent or Legal Guardian)

(Printed Name of Parent or Legal Guardian)

Date: _____

Names, Address, Phone of Child's Parents or Legal Guardians

(Names)

(Street Address)

(City, State, Zip Code)

(Phone-Home) (Phone-Cell)

Granted Publicity Release Form

Wish Child _____

By my/our signature(s) set forth below, I/we release the Granted Team, their successors, heirs, assigns and representatives from any claim for invasion of privacy or use of my/our likeness(es), and authorize the Granted 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 Granted 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, and/or all of said photographs, films, videotapes and/or electronically recorded interviews to anyone including the general public, magazines, newspapers, television and radio stations, social media, and/or any other organization or person that customarily presents information or news to the general public. I/we further authorize the Granted 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 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. Granted shall own into perpetuity all property and copy rights in all recordings, photographs, film and videotape hereinabove described. For the purposes of the foregoing paragraph, recordings, photographs, film and videotape shall include, without limitation, digital formats of the aforementioned media.

Parent / Guardian

Date

Parent / Guardian

Date