

# **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.

_____	_____	_____	_____
<b>Witness</b>	<b>Date</b>	<b>Parent/Guardian</b>	<b>Date</b>
_____	_____	_____	_____
<b>Witness</b>	<b>Date</b>	<b>Parent/Guardian</b>	<b>Date</b>
_____	_____	_____	_____
<b>Witness</b>	<b>Date</b>	<b>Parent/Guardian</b>	<b>Date</b>
_____	_____	_____	_____
<b>Witness</b>	<b>Date</b>	<b>Parent/Guardian</b>	<b>Date</b>

**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:

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Benefit4Kids Outdoor Wish Program  
21660 23 Mile Road  
Macomb MI 48044

**Benefit4Kids**