



TROOP C TROOPERS ASSOCIATION
GRANT-A-WISH PROGRAM
P.O. Box 607, Schriever LA 70395
(985) 857-3680



RELEASE OF INFORMATION

To: _____
(Name of Doctor of Medical Facility)

This will serve as your authority to release and furnish to a representative of the Troop C Grant-A-Wish program, P.O. Box 607, Schriever, LA, 70395, medical information including medications, diagnosis, prognosis, or other information concerning

(child's name)

This information is necessary in order for the Troop C Grant-A-Wish Program to consider this child for

(Please state a brief description of child's wish.)

Parent/Legal Guardian (Signature)

Parent/Legal Guardian (Printed)

Date: _____

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Person who Referred child: _____ Date: ____/____/____

Telephone: _____



Child's Name: _____ Birthdate: _____ Age: _____

Child's Wish: (Please give a brief description of the wish.)

Address: _____

Mother's Name: _____ Birthdate: _____ Phone: _____

Mother's Work: _____ Phone _____

Father's Name: _____ Birthdate: _____ Phone: _____

Father's Work: _____ Phone _____

Please provide an email address for one parent: _____

Name of person in case of emergency: _____

Address: _____ Phone: _____

Total Number of unmarried children at home: _____

Name: _____ Birthdate: _____ Sex: _____

Name: _____ Birthdate: _____ Sex: _____

Name: _____ Birthdate: _____ Sex: _____

Name: _____ Birthdate: _____ Sex: _____

Name: _____ Birthdate: _____ Sex: _____

Name: _____ Birthdate: _____ Sex: _____

Primary Physician's Name: _____ Phone: _____

Office Address: _____

Child's Diagnosis: _____

Special Needs or equipment used: _____

Please list any other doctors your child may see for his/her condition.

Doctor's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

I understand that the Troop C Grant-A-Wish board will review my child's wish to determine eligibility. Should my child be granted his/her wish, I agree to submit at least 3 photos of the wish to Troop C Grant-A-Wish. Please include one current photo of your child with this application.

Parent's Signature: _____

Please describe in 3 sentences or less your child's diagnosis and wish. This may appear on our website along with a photo of your child:

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PHOTO RELEASE

I grant to Troop C Grant-A-Wish, its representatives and employees the right to take photographs/use submitted photographs of my family. I authorize Troop C Grant-A-Wish, to use and publish the same in print and/or electronically.

I agree that Troop C Grant-A-Wish may use such photographs of my family with or without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Names of children under 18 who may appear in family photographs:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Signature of Parent/Legal Guardian: _____

Printed name: _____