

# BENEFIT4KIDS OUTDOOR WISH REQUEST FORM

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

## Child's Information

Child's Name: \_\_\_\_\_ Sex: Male Female (circle one)  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

## Outdoor Wish Desired:

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

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## Child's Diagnosis/Illness:

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?

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**In order for us to properly plan an Outdoor Wish for your child please answer the following questions.**

Does the child use a wheelchair? \_\_\_\_\_ Type? \_\_\_\_\_

Does the child use a cane? \_\_\_\_\_

Does the child have leg braces? \_\_\_\_\_

Does the child have oxygen? \_\_\_\_\_

Does the child use crutches? \_\_\_\_\_

Does the child use a walker? \_\_\_\_\_

Does the child have an IV? \_\_\_\_\_

Is the child blind? \_\_\_\_\_

Is the child deaf? \_\_\_\_\_

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

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**Has the child been granted a Wish in the past by another Wish Granting Organization?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Parent(s)/Guardian(s): (If guardian is not a parent put down relationship)**

Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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

Please list below and their age(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician Information:**

Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_  
Email (if applicable): \_\_\_\_\_

**Hospital Information: (if applicable)**

Hospital Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_  
Email (if applicable): \_\_\_\_\_

**Outdoor Wish Questions**

If you are requesting a hunting or fishing trip please answer the following questions, if not you may skip this section.

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?

Outdoor Wishes could be hunting, fishing, camping, backpacking, hiking, horseback riding, houseboat trips, whitewater rafting trips, canoeing, boating, basically anything to do with the outdoors.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: IF POSSIBLE INCLUDE A PICTURE OF THE CHILD REQUESTING THE OUTDOOR WISH**

**Important: Benefit4Kids has many individuals and companies that will sponsor wish kids trips, in return for this we ask that after your wish has been granted, that you please remember to send a personal thank you with pictures and a story of how your outdoor wish went to your sponsor and to also send copies to us so we may post it on our website. A thank you is truly cherished by the generous people that help make these wishes come true**

Mail application to:

Benefit4Kids Outdoor Wish Program  
21660 23 Mile Road  
Macomb MI 48044  
Email to: [info@b4k.org](mailto:info@b4k.org)

Physician / Patient Summary

Child's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Parents Names: \_\_\_\_\_  
Attending Physician: \_\_\_\_\_  
Physician's Telephone: \_\_\_\_\_ Emergency: \_\_\_\_\_

Patient Information

Diagnosis: \_\_\_\_\_

Will the child require any medical services while they are participating in their "wish"? YES  
NO

If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the child require any of the following?  
Wheelchair (specify if electric): \_\_\_\_\_  
Oxygen (specify rate): \_\_\_\_\_  
Nursing Services: \_\_\_\_\_  
Transfusions \_\_\_\_\_  
X-ray \_\_\_\_\_  
Venous Access (physical location / type): \_\_\_\_\_  
Lab \_\_\_\_\_

Overall current medical condition of the child: \_\_\_\_\_

Current medications (list type/dosage): \_\_\_\_\_

Medications contraindicated: \_\_\_\_\_

Allergies: \_\_\_\_\_

On study: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Medical Authorization**

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As the primary care physician for

{Print wish child's name}

I,

M.D., am familiar with the

{Physician's name}

physical condition 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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Mail to:  
Benefit4Kids Outdoor Wish  
21660 23 Mile Road  
Macomb MI 48044



\*\*\*\*\*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.

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I/we hereby warrant that I/we have read the foregoing release and have executed it freely and voluntarily.

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<b>Witness</b>	<b>Date</b>	<b>Parent/Guardian</b>	<b>Date</b>
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**Benefit4Kids Outdoor Wish**  
**21660 23 Mile Road**  
**Macomb MI 48044**