

Backpack Program Applicant Information

Patient's Full Name: _____ Date Requested: _____

Address: _____

City: _____ State/Zip _____ Gender _____

Parent/Guardian: _____ Email: _____

Phone: _____ Child's Birthdate: _____ Ethnicity: _____

Language Spoken: _____

Diagnosis: _____ Date of Diagnosis: _____

Currently hospitalized? YES NO If yes, which hospital: _____

Any physical handicaps? YES NO If yes, which: _____

Requested by: _____ Hospital or Physician Office: _____

Pediatrician (Name): _____ Pediatrician's Phone Number: _____

Likes or interests _____ Shirt Size: _____

Siblings and ages at home: _____

Interested in our Holiday Toy Drive? _____

Emergency Contact Details:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Authorization to Release Medical Information:

Chasin A Dream Foundation may need to reach out to other organizations in an effort to support your child and family. Acceptance below allows us to speak or write in text or email to organizations and health care providers on your behalf to provide the most comprehensive support we can. By accepting below you voluntarily authorize disclosure of all your health information including sensitive conditions. This authorization will remain in effect until I withdraw my permission, which can be done at any time.

I accept

I DO NOT accept

We/I hereby request to participate in Chasin A Dream Foundation programs which include, but are not limited to: Hospital Backpack Program, financial assistance, holiday toy/gift card assistance. I also grant Chasin A Dream full photo/media privileges of my child to be to be used for charitable purposes. We/I understand that NO applicant shall be unlawfully denied services because of gender, race, color, creed, national origin, height or weight. It is the policy of Chasin A Dream Foundation to comply with all federal and state laws including laws that define and prohibit discrimination on the basis of age or handicap. We/I hereby release Chasin A Dream Foundation from any and all liability that may arise from my/our participation in Chasin A Dream Foundation programs. I further agree that this release also covers and includes all unknown, unforeseen, unanticipated and unsuspected injuries, damages, losses and liabilities and their consequences, as well as those now disclosed and known by me/us to exist. Any provisions of any laws, statues or regulations of any kind that provide in substance that pleases shall not extend to claims, demands, injuries or damages, losses or liabilities, which are unknown to unsuspected to exist by the persons signing this release are hereby waived. We/I have read and understand above.

Signature: _____

Date: _____