



Isaac's Little Wishes Wish Application

Please email to lisa@isaacsraysofhope.org or mail application to Isaac's Rays of Hope,
23817 Hollow Avenue, Jerseyville, IL 62052

Wish Child's Name: _____ M/F (circle one)

Birthday: ___/___/___ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact #: _____

Email: _____

Name(s) of Parent(s) or Legal Guardian(s): _____

Place of Work _____ Job _____ Work Phone # (____) _____ - _____

Name(s) of Parent(s) or Legal Guardian(s): _____

Place of Work _____ Job _____ Work Phone # (____) _____ - _____

Does your family need an interpreter to help facilitate the granting of this wish? Yes/No

Will you need medical assistance to accompany you? Yes/No

*Annual Income Range: Under \$15,000 \$16,000 - \$25,000
(circle one) \$26,000 - \$40,000 \$40,000+

*Religion _____ *Race _____

**Isaac's Little Wishes Wish Program requests this information only because some religious groups make donations to be used for children of their faith. Ethnic and financial information is used for reporting and grant-writing purposes only. Your answers are optional.*

Medical Diagnosis: _____

Attending Physician(s) _____

Hospital where treated: _____



PLEASE PRINT

WISH:

1st Choice

Special Requirements

2nd Choice

Special Requirements

3rd Choice

Special Requirements

***Please list the name, age and sex of any children (under the age of 18) living in your home:**

Name _____ M/F (circle one) DOB ___/___/___

Name _____ M/F (circle one) DOB ___/___/___

Name _____ M/F (circle one) DOB ___/___/___

Name _____ M/F (circle one) DOB ___/___/___

Name _____ M/F (circle one) DOB ___/___/___

How did you hear of Isaac's Rays of Hope and its Little Wishes Program?



Isaac's Little Wishes
Wish Medical Acknowledgement

***MUST BE SIGNED, WITNESSED AND DATED BY WISH CHILD'S PHYSICIAN(S)**

Patient Name: _____

Diagnosis: _____

As the attending physician for, (Child's Name - Please Print) _____,
I, (Physician's Name - Please Print) _____, M.D., am familiar with the physical
condition of the above named child. I am of the professional opinion that this child's illness is potentially
life-shortening or life-threatening. (This does NOT necessarily mean that the child is currently
terminally ill. A life-threatening illness is defined by Isaac's Rays of Hope as any illness, which will in all
likelihood shorten the above-named child's full life expectancy.) I am aware that the child's wish is
_____, and in consideration of
the child's illness I recommend approval of this wish at the earliest time possible.

Signature of Witness/Physician's Signature

Print Name Print Name

Physician's ME Number

Date

Address City State Zip Code

Physician's Phone #





Isaac's Little Wishes Wish Liability Release

The undersigned, _____, the parent(s) and/or guardian(s) of
_____ (the "Child) and _____

(PLEASE PRINT NAMES AND AGES OF OTHER MINOR CHILDREN PARTICIPATING)

hereby represent that we have requested that Isaac's Rays of Hope, an Illinois not-for-profit corporation, consider granting the wish of the Child named above. We further represent that we have the sole and unconditional authority to execute all legal documents on behalf of, and are the sole legal guardians(s) of the above named Child and all minor children participating.

As evidenced by our signatures set forth below, and in consideration of Isaac's Rays of Hope granting said wish, we hereby release Isaac's Rays of Hope, 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 Child and all other minor children participating. The scope of this release shall include, but not be limited to, problems encountered in connection with transportation, food, lodging, medical problems, (physical and emotional), entertainment, photographs, property damage, and accidental injury of any kind.

(I), (We) further agree on behalf of ourselves, the above named child and all minor children participating, that Isaac's Rays of Hope, its agents, officers, directors, servants and employees shall remain free from any and all liability whatsoever in any way connected with granting the wish. This release of liability shall in no manner be affected by the participation by Isaac's Rays of Hope, its agents, officers, directors, servants or employees in making arrangements for and participation in the execution and fulfillment of the wish.

We hereby grant permission to Isaac's Rays of Hope, to obtain, use and disclose medical information concerning the above named Child as it deems necessary in the consideration of or granting the wish from whatever source or sources it shall determine at its sole discretion, and in accordance with applicable state and federal laws regarding the confidentiality of an individual's medical information.

We further authorize each of the physicians who have attended to the above named Child to divulge and release to Isaac's Rays of Hope, or its agents, officers, directors, servants or employees, any and all medical information with regard to the above named Child as may be in the possession of or known to such physician. The name(s) and address(es) of all such physician(s) are set forth below:

Physician Name: _____

Physician Address: _____



Physician Name: _____

Physician Address: _____

Physician Name: _____

Physician Address: _____

We represent that neither Isaac's Rays of Hope, nor any agent, director, officer, servant or employee of Isaac's Rays of Hope, nor any other person associated with said organization, has given us any advice or counsel with respect to the advisability and risk associated with said wish. In that regard we are relying solely upon our own judgment and the advice and information supplied to Isaac's Rays of Hope by the above named Child's physician(s). We agree that Isaac's Rays of Hope is acting and has acted solely at our request and in accordance with and pursuant to our instructions in this matter and that we will indemnify and hold Isaac's Rays of Hope and its agents, officers, directors, servants and employees harmless against any liability, cost or expense (including reasonable attorneys' fees) arising out of any misrepresentation made by us in this release or in any other document submitted by us to Isaac's Rays of Hope or our breach of any of our agreements contained herein or therein.

We represent that we have read the above release, prior to its execution, and that we understand and intend to be bound by the contents thereof.

Witness Signature of Parent/Guardian

Print Name: _____

Sign Name: _____

Date: _____

Witness Signature of Parent/Guardian

Print Name: _____

Sign Name: _____

Date: _____



JOINDER

The undersigned are adult family members of the Child above-named that will participate in the wish if it is granted. We hereby join in this Liability Release for the purpose of releasing Isaac's Rays of Hope, its agents, officers, directors, servants and employees from liability to the same extent they are being released from liability by the Child's parents or guardians. We represent that we have read the above Liability Release and Joinder prior to its execution, and that we understand and intend to be bound by the contents thereof.

Witness Signature

Print Name: _____

Sign Name: _____

Date: _____

Witness Signature

Print Name: _____

Sign Name: _____

Date: _____



Isaac's Rays of Hope Wish Publicity Agreement

We, _____ (PLEASE PRINT NAMES), the parent(s) and/or guardian(s) of _____ (the "Child") and _____

_____, (PLEASE PRINT NAMES OF OTHER MINOR CHILDREN PARTICIPATING) give our consent for representatives of Isaac's Rays of Hope to use our Child's name and/or picture for the purposes of raising funds to grant his/her wish request. We give our consent for Isaac's Rays of Hope to contact television, radio and newspaper media to do stories about our Child's wish for the purpose of increasing public awareness of Isaac's Rays of Hope "Litte Wishes" program, goals and fundraising needs. We understand that all such stories will be done tastefully and will portray with dignity our Child's condition and our family's situation.

We agree not to initiate contact with news media regarding our Child's wish unless we have first notified Isaac's Rays of Hope. If we do contact media sources without notifying Isaac's Rays of Hope, we understand that this action may be detrimental to the arrangements being made to grant our Child's wish.

We understand that our willingness to allow our Child's name and picture to be used for publicity may help to facilitate the arrangements for our Child's wish. However, our refusal to participate in Isaac's Rays of Hope publicity campaign will not determine whether Isaac's Rays of Hope decides to grant our Child's wish.

We understand that this publicity agreement in no way affects our Child's right to participate in the publicity campaign for any other organization.

Witness Signature of Parent/Guardian

Print Name: _____

Sign Name: _____ Date: _____

Witness Signature of Parent/Guardian

Print Name: _____

Sign Name: _____ Date: _____



Isaac's Little Wishes
Wish Guidelines



1. Wishes are granted by Isaac's Rays of Hope, to a child (the "Wish Child") without regard to race, national origin, ethnic background, sex, religion or disability.
2. The Wish Child must be twenty years of age or younger. However, Isaac's Rays of Hope may grant exceptions to this rule as appropriate.
3. The Wish Child's attending physician(s) must verify that the Wish Child has a life threatening illness. A life-threatening illness is defined by Isaac's Rays of Hope as any illness, which will in all likelihood shorten that child's full life expectancy. Parents or guardians must provide physician verification when submitting the application.
4. The Wish Child's attending physician(s) must give medical approval in writing of a wish in order for Isaac's Rays of Hope to grant the request.
5. Requests for boats, automobiles, motorcycles or other motorized conveyances will not be approved by Isaac's Rays of Hope.
6. Only one wish may be granted. Isaac's Rays of Hope does not grant wishes to a child who has previously received a wish from Isaac's Rays of Hope or another wish-granting organization. However, Isaac's Rays of Hope may grant exceptions to this rule as appropriate.
7. Wishes must not exceed Isaac's Rays of Hope's corporate guidelines for the cost of a wish.
8. An applicant may list up to three potential wishes on the application.
9. No additions to a wish request may be made once Isaac's Rays of Hope has received the application.
10. A Wish Child who desires to meet or speak to a celebrity is hereby advised that the celebrity's schedule and willingness to meet the Wish Child determines this request. Celebrities are often overwhelmed with such requests. The following procedures are involved to grant the wish:
 1. Locate the agent.
 2. Agent confirms that the child has a life-threatening illness.
 3. Locate celebrity.
 4. Obtain agreement with celebrity to meet Wish Child.
 5. Finalize appropriate date, time and place for meeting.



11. Families are advised that Isaac's Rays of Hope cannot put a time frame on the granting of wish. After approval, there is normally a period of six to eight weeks before the wish is granted. This time lag results from the fact that the number of wishes may exceed the amount of funding and/or other necessary resources available at the time. Isaac's Rays of Hope has no obligation to consider applications in the order in which they are received.

12. Misinformation or forgery in any of the documents submitted to Isaac's Rays of Hope will lead to a cancellation of the wish.

13. Isaac's Rays of Hope is not responsible for the repair or maintenance costs of items that the child has received upon the granting of a wish.

14. If the Wish Child's physician(s) requests special arrangements in the granting of the wish, the parents are ultimately responsible for these arrangements, i.e.: medical equipment, presence of medical staff, etc. However, Isaac's Rays of Hope will do their best to accommodate.

15. Trips will ordinarily be scheduled for 3-4 days and 2-3 nights. If funding permits and Isaac's Rays of Hope determines that the circumstances are justifiable, a trip may be extended by Isaac's Rays of Hope for up to seven days.

.....
.....

PLEASE DATE AND SIGN THESE GUIDELINES WHERE INDICATED BELOW, HAVE YOUR SIGNATURES WITNESSED, AND RETURN THEM TO ISAAC'S RAYS OF HOPE TOGETHER WITH THE COMPLETED AND SIGNED WISH APPLICATION, AND THE COMPLETED, SIGNED AND WITNESSED LIABILITY RELEASE AND PUBLICITY AGREEMENT. IN ADDITON, THE ATTACHED MEDICAL ACKNOWLEDGEMENT MUST BE COMPLETED AND RETURNED BY YOUR CHILD'S PHYSICIAN(S) BEFORE NEW HOPE FOR KIDS WILL CONSIDER GRANTING YOUR CHILD'S WISH.

We hereby represent that we have read, understand and agree to these Guidelines, and that the information in the attached Wish Application is true and correct.

Witness _____

Signature of Parent/Guardian: _____

Print Name: _____ Date: _____

Witness _____

Signature of Parent/Guardian: _____

Print Name: _____ Date: _____

For questions, please contact Lisa Wargo @ 618.946.4145 or lisa@isaacsraysofhope.org

