



## APPLICATION FOR A DREAM ILL OR HURT CHILD

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Child's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Child's Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ County \_\_\_\_\_  
Child's Birth Date \_\_\_\_\_ Child's Age \_\_\_\_\_ Child's SSN \_\_\_\_\_  
Names/Ages of Siblings \_\_\_\_\_  
Guardian/Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Guardian e-mail address \_\_\_\_\_  
Private Notification Phone Number (one the child won't answer) \_\_\_\_\_  
Child's School (if applicable) \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

**CATEGORY:** (Please circle one)

\*Terminally Ill

\*Chronically Ill

\*Accident

**Please complete information below and the medical release statement (separate form).**

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Doctor's Address \_\_\_\_\_  
Doctor's Diagnosis \_\_\_\_\_  
Doctor's Signature \_\_\_\_\_

**I authorize this dream request and agree to provide requested information and make myself, my child, and other family members available to discuss and receive this dream. I understand this application does not guarantee a dream request will be granted.**

\_\_\_\_\_  
**Parent/Legal Guardian**

\_\_\_\_\_  
**DATE**



**APPLICATION FOR A DREAM  
ILL OR HURT CHILD**

**Have you been granted a wish by another organization?      YES      NO**  
**(If No, please skip to the next page of questions)**

**If yes, what organization provided the wish?** \_\_\_\_\_

**If yes, what was the date, time and place of your wish?** \_\_\_\_\_

**Please describe in detail the wish you were granted.**  
**(Feel Free to use a separate sheet of paper)**

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**APPLICATION FOR A DREAM  
ILL OR HURT CHILD**

**Please explain why Macdonald Family Charity should grant this dream request?**

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**What is the dream Macdonald Family Charity can help come true? Please give as many details as possible. (Feel free to use a separate sheet of paper)**

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**APPLICATION FOR A DREAM  
ILL OR HURT CHILD**

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**Please list the child's preferences in the information requested below:**

Favorite color:

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Favorite toy:

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Pets (kind and names):

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Favorite food:

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Favorite activity:

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Favorite candy:

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Favorite animal:

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Favorite sports team and athlete:

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Favorite soda pop:

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Favorite song:

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Favorite singer:

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**APPLICATION FOR A DREAM  
ILL OR HURT CHILD**

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Favorite band:

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Favorite movie:

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Favorite TV show:

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Favorite TV star:

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Favorite restaurant:

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**Please provide any additional information regarding the child or the dream request:**

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**FOR OFFICE USE ONLY:**

**Date received:** \_\_\_\_\_

**Date entered to online database:** \_\_\_\_\_

**File name:** \_\_\_\_\_ .pdf

**Committee's decision:** \_\_\_\_\_