



Information & Travel Authorization Form

For minors accompanying wish child to Give Kids The World Village (1 of 2)

Wish Child

First Name

Last Name

Arrival Date

Your child will participate in a wish, which will involve travel to and from Orlando, Florida from _____ (Date) to _____ (Date). In order for your child to participate in the wish, you must sign our "General Release and Waiver of Liability Agreement (Participant Forms II)" on behalf of both yourself and your child. In addition, we ask that you supply the following information, which we will provide to wish child's parents/guardians in whose care your child will be during the wish.

Contact Information

Your Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (home) _____ (work) _____ (cell)

Email: _____

Does child reside with both of his/her biological parents? YES NO

If "No," please provide name/contact information for other biological parent: _____

Provide name and phone number(s) of person to be contacted in case of emergency, and describe his/her relationship to you and/or your child: _____

Information About Your Child

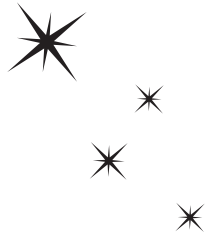
Child's full name: _____ Date of birth: _____

Provide name and phone number of child's primary physician: _____

List all medications child is presently taking (with specific instructions): _____

List any allergies child has: _____

Any other specific health concerns? _____



Health Insurance Information

Please attach copy of insurance card or other proof of insurance.

Insured's name: _____

Health insurance provider: _____

Phone: _____ Group name/number: _____

Authorization for Medical Treatment

The undersigned, parent(s) or legal guardian(s) of _____
(*Child's Name*)
("child"), hereby authorize to obtain, and provide consent for, any medical treatments or procedures for our child should the need for such services arise while he/she is in the State of Florida during the period of _____
to _____.
(*Date*) (*Date*)

Signature of Child's Mother/Guardian

Date

Signature of Child's Father/Guardian

Date

The above signatures were witnessed by:

Signature of Witness

Date