

**AUTHORISATION TO DISCLOSE
MEDICAL INFORMATION**

I, the undersigned, (parent legal guardian)

.....

authorise (doctor's name):

.....

to share the requested medical information regarding (child's name):

.....

to Make-A-Wish Foundation Switzerland and Liechtenstein.

.....

Signature of parent /
legal guardian

.....

Date

N.B. The request is only valid if signed.

Please send the fully completed request form
to the following address:

Make-A-Wish Foundation of Switzerland and Liechtenstein
5, chemin du Canal - 1260 Nyon

Our foundation grants the most
heartfelt wishes of seriously ill children,
between the age of 3 and 17

**WISH
REGISTRATION FORM**



Make-A-Wish Foundation of Switzerland and Liechtenstein

5, chemin du Canal - 1260 Nyon
Tel. : +41 (0)22 310 40 12
www.makeawish.ch - info@makeawish.ch



MAKE A WISH!

Since its creation in 2003, Make-A-Wish Switzerland, a foundation of public utility, provides very ill children and their family precious moments. Giving them a break from the hospital routine, it helps them forget for a while their illness, and find energy and courage to continue fighting.

Make-A-Wish works closely with doctors and healthcare professionals throughout Switzerland. After receiving the wish enrollment form, we contact the child's family to explain the process of making the wish come true.

The child's registration can either be done by the parents, the attending physician, the nursing staff, social workers or the child themselves. However, the signature of a parent / legal guardian is required.

We look forward to receiving your child's registration.

REQUIREMENTS TO BENEFIT FROM A WISH

I, the undersigned, (parent legal guardian)

Surname and First Name:

confirm that the child

- is aged between 3 and 17.
- lives or is treated in Switzerland or Liechtenstein.
- has never had a wish granted by another organisation.
- is not registered for a wish with another organisation.
- is able to clearly express their wish.
- the medical information given is correct.

.....
Signature Date

Make-A-Wish does not realise wishes related to medical devices, motor vehicles, cash donations, weapons, pets, or any additional construction in the child's home. The foundation does not grant wishes outside Europe.



REGISTRATION

Child's contact details

Surname: First name:
 Girl Boy Date of birth:
 Address:
 Post code: City:
 Phone number: Mobile number:
 E-Mail:

Medical information

Description of the illness and child's current medical condition:

 Doctor's name:
 Doctor's phone number:
 Doctor's e-mail:
 Hospital name:

Information about the person who is registering the child

Surname: First name:
 Relationship to the child:
 Address:
 Post code: City:
 Phone number: E-mail:

How did you hear about Make-A-Wish ?

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