



Make-A-Wish Sri Lanka – Parent/Guardian Authorization & Consent Form

Instructions:

This form must be completed and signed by the **parent or legal guardian** of the wish child. It grants authorization for Make-A-Wish Sri Lanka to proceed with the wish process, including obtaining medical information, fulfilling the wish, and optional publicity.

Please read this document carefully before signing.

SECTION 1: WISH CHILD INFORMATION

- **Wish Child's Full Name:** _____
- **Age:** _____
- **Illness/Medical Condition:** _____
- **Wish Request:** _____
(Please specify: To Be, To Go, To Have, To Meet)
- **Accompanying Family Members (if applicable):**

SECTION 2: ELIGIBILITY CONFIRMATION

I, the undersigned parent/legal guardian, confirm that my child has been diagnosed with a **critical illness** as defined by Make-A-Wish Sri Lanka and has been referred by a licensed physician.

- My child is categorized under:
 - Palliative Care
 - Oncology (Cancer)
 - Other Critical Illness (as defined by Make-A-Wish)
- I understand that Make-A-Wish grants only one wish per child.
- I understand that the final wish granted is based on feasibility and medical approval.

SECTION 3: MEDICAL AUTHORIZATION & LIABILITY RELEASE

I authorize Make-A-Wish Sri Lanka to obtain all necessary medical information about my child from physicians, hospitals, and medical providers to evaluate eligibility and feasibility of the wish.

I release and hold harmless Make-A-Wish Sri Lanka, Indira Cancer Trust, and their affiliates from any liability, damages, or claims arising from my child's participation in the wish granting process.

I acknowledge that Make-A-Wish Sri Lanka takes reasonable safety precautions but is not responsible for any unforeseen events during the wish experience, including travel, accommodation, or third-party involvement.

SECTION 4: PUBLICITY AUTHORIZATION *(Optional - Please check YES or NO for each section)*

Make-A-Wish Sri Lanka may share my child's story through:

YES NO - Print media (posters, banners, brochures)

YES NO - Online (Make-A-Wish website, social media)

YES NO - Fundraising & partnership collaborations

YES NO - TV, newspapers, radio, and news websites

I understand that even if I decline publicity, certain medical and logistical details may be shared internally with those involved in fulfilling the wish.

SECTION 5: LEGAL DECLARATION & SIGNATURES

I, the undersigned, confirm that I have read and understood this form. I voluntarily give permission for Make-A-Wish Sri Lanka to proceed with my child's wish process under the terms outlined above.

Parent/Guardian Details:

- Full Name: _____
- Relationship to Child: Parent Legal Guardian
- Signature: _____
- Date: _____

Witness Details (if required):

- Full Name: _____
- Signature: _____
- Date: _____

Make-A-Wish Sri Lanka Representative:

- Full Name: _____
- Signature: _____
- Date: _____