

Wish Referral Form

Child's Information

- Full Name of Wish Child: _____
- Date of Birth: _____ Age: _____
- Gender: Male Female Other
- Diagnosis (if known): _____
- Hospital of Treatment (if applicable): _____

Parent/Guardian Information

- Name of Parent/Guardian: _____
- Relationship to Child: _____
- Contact Number of Parent/Guardian: _____

Referral Information

- Name of Referrer: _____
- Who are you to the Wish Child?
 Parent/Guardian Doctor Family Friend Teacher Neighbor Other: _____
- Contact Number of Referrer: _____

Consent & Confirmation

- I confirm that the information provided above is accurate to the best of my knowledge.
- I understand that the Make-A-Wish team will contact the child's parent/guardian to verify eligibility.

Signature of Referrer: _____

Date: _____



Wish Discovery Form

We are so excited to learn more about you and your wish! Please take your time answering the following questions.

1. Wish Child Information & Identification

- 1. Date of Wish Discovery: _____
- 2. Full Name of the Wish Child: _____
- 3. Gender: Male Female Prefer not to say
- 4. Date of Birth: _____
- 5. Age of the Wish Child: _____
- 6. Name of the Parent / Guardian / Supporter : _____
- 7. Parent / Guardian / Supporter Contact Number : _____
- 8. Relationship to Wish Child : _____
- 9. Please Upload Wish Child Photo here. * Picture to be submitted

2. Describing Your Perfect Day

- 7. Describe your perfect day:
(Feel free to include your favorite activities, people, places, or anything that makes you happy.)

- 8. If you were on a desert island, who would you want with you?
(Who would make your day even better? Family, friends, celebrities, pets?)

- 9. What would you bring with you?
(Imagine you could bring anything – your favorite item, special things, or necessities.)

3. Your Wishes (4 Types of Wishes)

We believe everyone deserves a wish, and your answers here will help us create your perfect wish. We have 4 types of wishes: **To Be, To Go, To Have, To Meet.**

10. Wish 1:

(What is your first wish? Think about something you'd love to be, go to, have, or meet.)

11. Why is this wish important to you?

(Please explain why you've chosen this wish. Does it hold personal significance or bring you joy?)

12. Wish 2: (Think about another wish that excites you!)

13. Why is this wish important to you?

(Tell us more about why this second wish matters to you.)

14. Wish 3: (If you could make one more wish, what would it be?)

15. Why is this wish important to you? (Why did you choose this final wish?)

4. Wish Discovery Process

16. Who are you with today?

(Please provide details of who is helping you fill out this form, if applicable.)

17. Who is in your family?

(Include names of parents, siblings, pets, or anyone important in your life.)

5. Quick-Fire Questions

To help us get to know you better, please answer the following quick-Mre questions about your favorites:

18. Favourite Colour: _____

19. Favourite Food: _____

20. Favourite Drink: _____

21. Favourite Snack: _____

22. Favourite Music: _____

23. Favourite Film: _____

24. Favourite Video Game: _____

25. Favourite TV Show: _____

26. Favourite Hobby: _____

27. Favourite School Subject: _____

28. Favourite Sport: _____

29. Favourite Place: _____

30. Favourite Animal: _____

6. Self-Description

31. How would you describe yourself?

(Please use words that best describe who you are – think about your personality, things enjoy, or how others see you.)

6. The Next Steps

Once we receive your form, it will be sent to the Wish Granting team. They will:

- I. **Review Your Wishes:** The team will carefully consider all of your responses and begin creating a personalized wish.
- II. **Keep You Informed:** We will update you on the progress of your wish. This can take a couple of months, but we will keep in touch every step of the way.
- III. **Confirmation & Details:** Once your wish has been granted, we will confirm all the details and help make it happen!

10. Any Questions?

If you have any questions about the wish process, feel free to ask below, and we will get back to you.

Questions?

33. Signature of Wish Child: _____

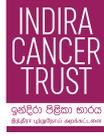
Please enter your name as your digital signature

34. Signature of Parent/Guardian: _____

Please enter the name of the parent/guardian as their dig signature

This form has been designed to give us the best understanding of the wish child's needs and preferences, ensuring we can grant a truly meaningful wish. Once you have completed this form, we will begin the process of fulfilling your wish!

Thank you for sharing your dreams with us!



Make-A-Wish Sri Lanka Eligibility and Authorization Form

Instructions:

This **Wish Eligibility and Authorization Form** must be completed and signed by the referred child's physician in connection with a wish request that may be granted by **Make-A-Wish Sri Lanka**. The completed form should be submitted to **Make-A-Wish Sri Lanka** office for further processing.

Patient Information

- **Wish No:** _____
- **Patient's Name:** _____
- **Diagnosis:** _____
- **Patient's Age:** _____
- **Patient's Wish Request:** _____

(Please specify: To Be, To Go, To Have, To Meet)

Medical Eligibility Confirmation

This **Medical Eligibility Form** is being signed in connection with the wish request that may be granted by **Make-A-Wish Sri Lanka**.

Please indicate your determination by checking the appropriate box:

- Physician certifies that conditions listed below have been met.
1. Physician is familiar with the child's physical condition and the child has been diagnosed with any of the following critical illnesses as defined by Make A wish.
 - Palliative Care
 - Oncology (Cancer)
 - Other Critical Illness (as defined by Make-A-Wish)

2. Physician identifies the following medical restrictions and needs that must be considered in fulfilling the wish:

3. Is this a rush wish?

a "rushed wish" refers to a wish granted to a child with a critical illness and a poor prognosis, meaning the child's life expectancy is under six months, requiring expedited wish fulfillment to provide a meaningful experience in a short time frame.

Yes No

Medical Suitability Declaration

Physician is familiar with the patient's physical condition and certifies that the requested wish is NOT suitable based on the patient's current medical condition.

If the identified wish is not medically suitable for this child, please identify restrictions and limitations to consider so a more appropriate wish can be determined for this child:

Physician's Declaration

I certify that the information provided above is accurate and that I have reviewed the patient's medical history and assessed their ability to participate in the requested wish. I understand that this form serves as a **recommendation** for the child's participation, and **Make-A-Wish Sri Lanka** will make the final decision based on the **medical** and **logistical feasibility** of the wish.

This form is not a declaration of full medical responsibility, and I advise that all necessary precautions be taken during the execution of the wish.

Physician's Name: _____

Physician's Designation: _____

Signature of Physician: _____

Date: ____ / ____ / ____
