



PATIENT APPLICATION

Please check programs requested:

- Beach Respite
- Mountain Respite

OFFICE USE ONLY		
Rec'd _____	Entered _____	Military Y/N _____
A/D _____	Level _____	Date _____

The Believe In Tomorrow™ National Children’s Foundation provides programs to children with life-threatening illnesses, ages 17 and under. Our unique programs are designed to bring comfort, joy and hope to critically-ill children and their families enabling them to renew their spirits mentally and physically. For more information, please call 410.744.1032 or 1.800.933.5470 or visit our website www.believeintomorrow.org

Part I (To be completed by parent/guardian) PLEASE PRINT CLEARLY

Child’s Name _____
 (First) (Middle) (Last)

Date of Birth _____ Sex _____ Age _____
 (month/day/year)

Home Address _____
 (number/street address) (County)

City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____

Work Phone Father () _____ Mother () _____

E-mail address Father _____ Mother _____

Mother’s Name First _____ Last _____ Military Active

Employer Name & Address _____

Father’s Name First _____ Last _____ Military Active

Employer Name & Address _____

Legal Guardians (if other than parents): _____

(Note: If child is under the custody of one parent, please attach a copy of the child custody order or both parents must sign all documents)

PLEASE PRINT CLEARLY

Child's Name _____

Child's Special Interests and Hobbies _____

Names and ages of all other children living at home:

1. Name _____ Birthdate _____ Relationship _____

2. Name _____ Birthdate _____ Relationship _____

3. Name _____ Birthdate _____ Relationship _____

4. Name _____ Birthdate _____ Relationship _____

5. Name _____ Birthdate _____ Relationship _____

Name, age and relationship of other person residing with child:

Name _____ Birthdate _____ Relationship _____

Name _____ Birthdate _____ Relationship _____

Hospital where child is being treated _____ **City** _____ **State** _____

Attending Physician _____

Physician Phone # _____

Please describe your child's illness and any special medical needs or considerations:

(For example, the child is confined to a wheelchair, in need of 24-hour nursing care, in need of oxygen, etc.)

Has your child ever participated in any Believe In Tomorrow Programs? **yes** **no**

I understand and recognize that participation in any Believe In Tomorrow National Children's Foundation Program is contingent upon approval by the Believe In Tomorrow National Children's Foundation as well as compliance with all conditions, qualifications and restrictions designated by the Believe In Tomorrow National Children's Foundation.

▶ **Parent/Guardian** _____ **Date** _____

▶ **Parent/Guardian** _____ **Date** _____

PLEASE PRINT CLEARLY

Child's Name _____

PART II Medical Assessment: (To be completed by physicians ONLY)

Name of physician completing assessment **(Please Print):** _____

Hospital _____

Address _____

Phone _____ Fax _____

Diagnosis of Child _____ Date of Dx _____

Is this condition considered life threatening, life long, short life expectancy, chronic? _____

Is child undergoing continued treatment for this illness? If so, how often? _____

What treatment is the child undergoing? _____

If treatment has ended, when was the last date of treatment? _____

How often is the child seen by the doctor? _____

Date of Last Visit: _____

I have explained child's medical condition to parent(s) and have instructed parent(s) on how to handle medical emergencies for child's specific illness. As long as parent(s) take sufficient precaution to protect patient in accordance with physician's instruction, there is no medical contraindication to patient's participation in Believe In Tomorrow National Children's Foundation Programs.

► **Physician's signature** _____ **Date** _____

PLEASE PRINT CLEARLY

Child's Name _____

PART III Healthcare Worker Assessment (To be completed by SW, CLS, RN)

Name of Healthcare Worker completing assessment: _____

*Someone who can speak on behalf of how the family conducts themselves

Hospital _____

Phone _____

- I have discussed in detail the Believe In Tomorrow programs with BIT staff
- I fully understand the program
- I have discussed in detail the Believe In Tomorrow programs with this family

Which of our programs is best suited for this family:

- Beach Respite**
- Mountain Respite**
- Hands on Adventures**

Comments: _____

▶ **Healthcare Worker Signature** _____ **Date** _____



Please complete all sections of this form and return to:

Believe In Tomorrow Children's Foundation

6601 Frederick Road

Baltimore, Maryland 21228

410.744.1032 PHONE **800.933.5470** TOLL-FREE **410.744.1984** FAX

www.believeintomorrow.org **info@believeintomorrow.org**



Believe In Tomorrow™
Children's Foundation

LIABILITY RELEASE AUTHORIZATION DISCLOSURE

Please complete all sections of this form and return to:

Believe In Tomorrow Children's Foundation

6601 Frederick Road

Baltimore, Maryland 21228

410.744.1032 PHONE 800.933.5470 TOLL-FREE 410.744.1984 FAX

www.believeintomorrow.org info@believeintomorrow.org

As a requirement for participation in any Believe in Tomorrow™ National Children's Foundation program or service including, but not restricted to participation in the Children's Housing Programs-Hospital and Retreat Housing, The Believe In Tomorrow Children's House at Johns Hopkins and Hands On™ Adventures programs (hereafter, above list of programs simply referred to as "Believe In Tomorrow National Children's Foundation"), the parent(s) or legal guardian(s) must sign this Liability Release and Authorization to Disclose Information.

Liability Release: The undersigned both individually, jointly and on behalf of the child who is eligible to participate in Believe In Tomorrow National Children's Foundation Programs, understand that involvement in Believe In Tomorrow National Children's Foundation Programs may involve risk of injury or harm to the participant and that all risk is fully assumed by the undersigned. The undersigned both individually, jointly, and on behalf of the child who is eligible to participate in Believe In Tomorrow National Children's Foundation Programs, does hereby agree to release, forever discharge, and hold the Believe In Tomorrow National Children's Foundation, their directors, officers, employees, agents, volunteers, successors and assigns harmless from and against any and all actions, causes of action, liability, claims and demands for, any damages and claims of any kind whatsoever, whether known or unknown, in connection with or arising from any incident(s) or occurrence(s) during the child's participation or consideration of participation in Believe In Tomorrow National Children's Foundation Programs.

Authorization To Disclose and Obtain Medical Information: The parent(s) or legal guardian(s) give the Believe In Tomorrow National Children's Foundation authorization to obtain all medical information which the Believe In Tomorrow National Children's Foundation may feel is necessary for the consideration or participation in Believe In Tomorrow National Children's Foundation Programs. The parent(s) and legal guardian(s) authorize all of the child's physicians and medical care providers to provide the Believe In Tomorrow National Children's Foundation with all medical information regarding the child that is applying to participate in Believe In Tomorrow National Children's Foundation Programs.

Authorization for Disclosure to Third Parties: The parent(s) or legal guardian(s) understand and agree that Believe in Tomorrow National Children's Foundation may disclose their child's identifying information to a third party in order for the third party to provide notices to the parent(s) or legal guardian(s), such as when an event is cancelled.

Authorization Regarding Publicity: It is understood and agreed that participation in Believe In Tomorrow National Children's Foundation Programs may result in publicity that in order for the Believe In Tomorrow National Children's Foundation to continue its services, it is helpful to be able to portray children and families using programs in a positive way in brochures, newsletters, on Believe In Tomorrow National Children's Foundation Websites, and other promotional materials. The undersigned both individually and on behalf of the child who is eligible to participate in Believe In Tomorrow National Children's Foundation Programs authorize the Believe In Tomorrow National Children's Foundation to use the name of their child for publicity or promotional purposes.

