



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 visit our website **www.believeintomorrow.org**.

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

Child's Name _____ Nickname _____
 (First) (Middle Initial) (Last)

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

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

City _____ State _____ Zip Code _____

Home Phone () _____

Father's Name: First _____ Last _____ Military Active

Father's Occupation, Employer Name & Address: _____

Father's Cell Phone: () _____ Father's Work Phone: () _____

Father's E-mail address: _____

Mother's Name: First _____ Last _____ Military Active

Mother's Occupation, Employer Name & Address: _____

Mother's Cell Phone: () _____ Mother's Work Phone: () _____

Mother's E-mail 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 _____

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 _____

E-mail _____

- 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 **410.744.1984** FAX

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



Believe In Tomorrow™
Children's Foundation

LIABILITY RELEASE AUTHORIZATION DISCLOSURE

Please complete all sections on reverse and return to:

Believe In Tomorrow Children's Foundation

6601 Frederick Road

Baltimore, Maryland 21228

410.744.1032 PHONE 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.

Authorization Regarding Photo: Due to the nature of Believe In Tomorrow™ National Children's Foundation's programs publicity is sometimes unavoidable. Although the Believe In Tomorrow National Children's Foundation cannot control outside media, the undersigned as the parent(s) or legal guardian(s) of the child, by checking below, may grant or deny permission for Believe In Tomorrow National Children's Foundation to use photographic images of their child and/or family in Believe In Tomorrow National Children's Foundation's promotional materials, such as brochures, newsletters, Websites, press releases, and any other means. The undersigned understand and agree that if they deny permission, Believe in Tomorrow National Children's Foundation will use its best efforts to prevent use of the photographic images but cannot make any guarantee with respect to publicity.

(Please complete and sign below)

****Place a check or X in the appropriate box:**

I GRANT **I DENY** permission for the Believe In Tomorrow National Children's Foundation to use a photographic image of my child and/or family in Believe In Tomorrow National Children's Foundation promotional materials.

This Liability Release and Authorization to Disclose Information contains the entire agreement between the parent(s) or legal guardian(s) and the Believe In Tomorrow National Children's Foundation and that the terms hereof are contractual and not a mere recital. By signing below, the parent(s) or legal guardian(s) of the child acknowledge they have read, understand and consent to the terms set forth herein.

PLEASE PRINT CLEARLY

Child's Name _____

Date of Birth _____

Diagnosis of Child _____

Home Address _____

City _____ State _____

County _____ Zip Code _____

() () ()

Home Phone Work Phone Cell phone

E-mail _____

Child's Facebook/Caringbridge site _____

(If child has two parents or legal guardians, both parents or legal guardians must sign below.)

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

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

Witness _____ Date _____