

Emily's Star Wish Referral Form

Date of application

About the child

Childs Full Name

Male / Female

Childs date of birth

/

/

Qualifying Illness

Have you applied for a wish for this child from another organisation?

Yes

No

If Yes, please give details;

About the Family

Parent / Guardian Name

Address

Postcode

Contact Number

Email Address

About you

Name

Relationship to child

Address (if different from above)

Postcode

Contact Number

Email address

About the Child's Consultant/Doctor (not GP)

Name of Consultant / Doctor

Name of Hospital

Contact Number

Email Address

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Medical Release Form

Please fill in the section below, giving Emily's Star permission to receive medical information about this child. If the child is over 16, and they are able, they must sign this part themselves.

I, parent/guardian, [insert your name]

hereby give permission for [insert your Consultant/Doctor's name below]

to release the required medical information regarding [insert child's name below]

Signed

About the wish

Please provide details about the wish you would like us to provide below

We will try to help everyone that we can however please bare in mind not all wishes can be granted.

Please return the completed form along with a statement from your complex needs team, consultant or GP confirming the child's illness so we can establish medical eligibility