



## 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** **programs@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    programs@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 \_\_\_\_\_