



# Application

Please return to Cool Kids Campaign

## OFFICE USE ONLY

Date form received: \_\_\_\_\_  
Date package mailed: \_\_\_\_\_  
Assembled by: \_\_\_\_\_  
Postage: \_\_\_\_\_  
Added to CC: \_\_\_\_\_

### Part 1: To be completed by Parent/ Guardian. Please Print Clearly

Referred by \_\_\_\_\_  
Child's Name \_\_\_\_\_  
Child's Email (If applicable) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent/Legal Guardian Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Parent/Legal Guardian Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Names and ages of other children living at home  
Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_  
Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_  
Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_  
Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

### Part 2: Care package info to be completed by patient or about the patient. Please print clearly.

Name I prefer to be called \_\_\_\_\_  
**My Favorite**  
Color \_\_\_\_\_ Quiet Activity \_\_\_\_\_  
Gaming System \_\_\_\_\_ Active Activity \_\_\_\_\_  
Band/ Artist \_\_\_\_\_ TV Show/ Channel \_\_\_\_\_  
Restaurant \_\_\_\_\_ Movie Category \_\_\_\_\_  
Sports Team \_\_\_\_\_ Sport to play/watch \_\_\_\_\_  
Clothing size \_\_\_\_\_ Store \_\_\_\_\_  
If I could spend my time doing anything it would be \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Part 3: Medical Assessment to be completed by Social Worker, Child Life Specialist, Nurse or Physician. Please Print Clearly.

Hospital Name \_\_\_\_\_  
Healthcare professional name/title \_\_\_\_\_  
Email \_\_\_\_\_ Phone # \_\_\_\_\_  
Type of cancer \_\_\_\_\_ Date of diagnosis \_\_\_\_\_

Is this child undergoing treatment? \_\_\_\_\_ If not, last date of treatment \_\_\_\_\_

How often is the child seen by hospital staff? \_\_\_\_\_

Current treatment \_\_\_\_\_

I verify that this patient is in treatment at (name of hospital) \_\_\_\_\_

Healthcare professional signature & date \_\_\_\_\_

**Liability Release and Authorization Disclosure**

As a requirement for participation in any Cool Kids Campaign Foundation Inc., program or service the parent(s) or legal guardian(s) must sign this liability release and authorization disclosure.

Liability Release: The undersigned both individually, jointly and on behalf of the child who is eligible to participate in Cool Kids Campaign Foundation, Inc. programs understand that involvement in Cool Kids Campaign Foundation, Inc. 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 Cool Kids Campaign Foundation, Inc. programs does hereby agree to release, forever discharge and hold the Cool Kids Campaign Foundation, Inc., their directors, officers, employees, agents, volunteers, successors and assigns harmless from and against any and all actions, causes of actions, 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 Cool Kids Campaign Foundation, Inc. programs.

Authorization regarding publicity: It is understood and agreed that participation in Cool Kids Campaign Foundation, Inc. may result in publicity that in order for Cool Kids Campaign Foundation, Inc. to continue its services, it is helpful to be able to portray children and families using programs in a positive way in brochures, newsletters, websites, and other promotional materials. The undersigned both individually, jointly and on behalf of the child who is eligible to participate in Cool Kids Campaign Foundation, Inc. authorize Cool Kids Campaign Foundation, Inc. to use the name and image of their child for publicity and promotional purposes.

\_\_\_\_ I grant \_\_\_\_ I deny -- permission for Cool Kids Campaign Foundation, Inc. to use my child's name and image in Cool Kids Campaign Foundation promotional materials.

This Liability Release and Authorization Disclosure contains the entire agreement between the parent(s) or legal guardian(s) and Cool Kids Campaign Foundation, Inc. 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.

If child has two parents or legal guardians, both must sign below:

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please complete all sections of this form and return via mail or fax:

Cool Kids Campaign Foundation

8422 Bellona Lane, Suite 102

Towson, MD 21204

Office phone: 410-560-1770 Fax: 410-560-1775

Visit [www.coolkidscampaign.org](http://www.coolkidscampaign.org) or email [janet@coolkidscampaign.org](mailto:janet@coolkidscampaign.org)