



JK Believe in Miracles primarily helps children who have had a recurrence or an ongoing medical condition. We serve as an enhancement for children who have already received a wish from a wish granting organization, but who are still battling their disease and could really use something to brighten their day. Believe in Miracles will meet the needs of suffering children by providing necessities or a fun-filled gift.

Parent/Guardian Certification

I, _____, certify that the information provided in the application is true and correct as of the date set forth opposite my signature. I also certify that our treating physician has approved the application request.

JK Believe in Miracles reserves the right and the applicant hereby grants permission to share all information provided by the applicant to third parties on an as-needed basis. The applicant understands that the Trophy Recipient's story and medical information may be included on JK Believe in Miracles' website or the like for inspiration and encouragement.

The applicant gives JK Believe in Miracles permission to publish in print, electronic or video format the likeness or image of child, family and myself. I release all claims against the foundation with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Parent/Guardian Signature (Patient if over 18)

Date

Relationship to patient

Required Physician Verification

****PLEASE CHECK THE APPROPRIATE BOXES & SIGN BELOW****

Has the above mentioned patient been diagnosed with a life threatening medical condition between the ages of 3 and 21 years old?

YES

NO

Has the above mentioned patient suffered a recurrence, change in condition or an ongoing chronic life threatening illness?

YES

NO

Doctor's Signature

Witness

Dr.'s Name (Printed): _____

Address: _____