

Physician Permission Form

Please download this form on your computer or print the form and return by e-mail

to Cheryl Brazeau, Wish Coordinator by e-mail at

Cheryl.brazeau@starlightcanada.org or by fax at **514-287-0635**

1. Section to be filled out by the parents

Starlight child:

Full name

Wish request:

2. Section to be filled out by the Physician:

Physician's Full name

Physician's Phone number

Physician's Fax Number

FONDATION POUR L'ENFANCE STARLIGHT CANADA - STARLIGHT CHILDREN'S FOUNDATION CANADA

1805 Route Transcanadienne, Dorval, QC H9P 1J1

T: 514.288.9474 ou/or 1.888.782.7947 F: 514.287.0635 www.starlightcanada.ca

I am the treating physician of the child identified above. I have had the opportunity to discuss fully the Wish to be fulfilled by the Starlight Children's Foundation for the child's benefit (which is described above), with a representative of the Starlight Children's Foundation. I hereby approve of and consent to the item(s) to be donated, the travel arrangements and/or the activities in which the child shall partake or engage, subject to the following restrictions (if none please inset "NONE"):

Please indicate the diagnosis of the child and briefly describe the medical condition:

Please check the child's prognosis:

- Good
- Stable
- Life threatening

Does the child require oxygen at 8,000 feet altitude?

- Yes (if yes, please complete, Oxygen Request Letter)
- No

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Does the child have a history of seizure activity? (If yes, please complete section SEIZURE ACTIVITY INFORMATION)

Yes (if yes, please complete section SEIZURE ACTIVITY INFORMATION)

No

SEIZURE ACTIVITY INFORMATION:

Types of seizures the child experiences:

Date of last seizure and frequency of seizures:

Type of activity the child displays during a seizure:

Are the seizure controlled?

Is medical attention required?

Please keep in mind when answering this question next question, that limited funds are available to grant wishes, and that many families contact Starlight to participate in this program. Your input on this question is paramount to help us determine whether a child's illness has severely impacted their lives, and therefore their eligibility to receive a wish.

In your professional opinion, does this child's illness have such an impact on his/her quality of life that it warrants the granting of a Wish of a Lifetime?

Yes

No

Signatory information:

I, _____, I confirm that the information above is accurate.

Signature: _____

Date: _____

*Please fill out and return by e-mail to Cheryl Brazeau, Wish Coordinator by e-mail at Cheryl.brazeau@starlightcanada.org or by fax at **514-287-0635***

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