

Physician/Nurse Permission Form for out-of-hospital programs

PLEASE DO NOT FAX THIS FORM, IT HAS TO BE UPLOADED INTO THE ONLINE APPLICATION FORM

Please have your child's physician/nurse fill out the form and scan it and upload the file into the family application.

The responses indicated in this form do not guarantee admission into our programs, however, they help our committee determine eligibility.

1. Section to be filled out by the parents:

Child's full name: _____ Parent's cell phone number: _____

Parent's e-mail: _____

I, _____ authorize the Physician/Nurse listed below to divulge

confidential information about my child.

2. Section to be filled out by the Physician/Nurse:

Physician/Nurse Full name

Physician/Nurse Phone number

Physician/Nurse Fax Number

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

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

Please check the child's prognosis:

- Good
- Stable
- Life threatening

What are Starlight's out-of-hospital programs?

Starlight Great Escapes® Wishes

Starlight Great Escapes® Wishes bring families together to help make up for some lost time by creating fun-filled events for new memories and new friendships. These events include snowmobiling, pontoon rides, water skiing, movie screenings, harbour cruises, holiday parties, adapted sporting events, picnics and more!

Starlight Day Brightener Wishes

Whether it's cheering at a sports game, jamming along at a concert, learning at a museum or much more, a Day Brightener Wish helps Starlight families unwind for a few hours and have some fun!

In your professional opinion, does this child's illness prevent him/her from attending our out-of-hospital programs?

- He/she **can** participate He/she **can't** participate

To be eligible for acceptance into the Starlight Escapes or Starlight Wish Program, a child must have a serious illness or a severe chronic medical condition that significantly affects their day-to-day life.

In your professional opinion, does the child's illness have a big enough impact on his/her quality of life to make him/her eligible for our programs?

- Yes No

Signatory information:

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

Signature: _____

Date: _____

***Please scan the completed form and upload the file into the family application online.
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