

Outfitters 4 Hope



Medical application

Any child who meets the following basic medical criteria is eligible for consideration

- Contain the diagnosis of a life threatening or terminal illness in their past or present medical history
- We define a life-threatening or terminal illness as: "Any progressive, degenerative malignant disease or condition, resulting in a significant threat, likelihood or certainty that the child's life expectancy will not extend past his/her 21st birthday unless the course of the disease is interrupted or otherwise abated"

Release of Information

Child's full legal name: _____

First

Middle (optional)

Last

Date of birth: _____

Information about the child applicants attending physician /medical provider (MD/DO/PA/NP)

Name: _____ Title: _____ Medical Specialty: _____

First

Last

Associated medical organization: _____

Office/clinic mailing Address: _____

City: _____ State: _____ Zip: _____

Phone number: (____) _____ - _____ office cell

Phone number: (____) _____ - _____ office cell

Fax number: (____) _____ - _____

May we contact the child's medical provider or associated medical organization listed above for medical verification? yes no

If no, application cannot be accepted if yes, please sign the following

RELEASE OF INFORMATION: I am the parent and/or legal guardian for the child applicant (as listed below) and grant Outfitters 4 Hope permission to contact my child's medical provider or medical organization (as listed above) regarding the health status and medical history pertaining to my child. I grant permission for the listed medical provider or medical organization above to release any requested information to Outfitters for Hope.

Child applicant full legal name: _____

First

Middle(optional)

Last

Parent/guardian full legal name: _____

First

Middle(optional)

Last

Signature: _____ Date: _____

(must match parent/ legal guardian information as provided on initial application)

Medical Verification (this section to be filled out by medical provider listed above)

You have been listed as the child applicants attending physician/medical provider. The child applicants parent/legal guardian release of information form has granted us permission to contact you regarding medical history and health status pertaining to the listed child. Your time and consideration in filling out this application is deeply appreciated so we can attempt to fulfill the child's dream.

Is it your professional medical opinion that the listed child had a qualifying life-threatening or terminal illness (as defined above)? yes no

If no, please explain: _____

What is the child's qualifying life-threatening or terminal illness?: _____

Are there any specific medical concerns or accommodations you feel are necessary to share with us to assure the safety of this child? yes no

If yes, please explain: _____

Name: _____ Title: _____ Medical Specialty: _____

First

Last

Signature: _____ Date: _____

If you have any questions about this application or the organization please contact us!

(Applications may be submitted via email or mail)

outfitters4hope@gmail.com

5829 S Eastwood Pl
Boise, ID 83716

Be Joyful in hope, patient in affliction, faithful in prayer Romans 12:12