

\*\*\*CONFIDENTIAL\*\*\*

## KIDD'S KIDS MEDICAL QUESTIONNAIRE

### TO BE FILLED OUT BY THE CHILD'S PARENT/LEGAL GUARDIAN:

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

I consent to the release of medical information to Kidd's Kids, understanding that Kidd's Kids will respect the confidential nature of the information given by my child's physician.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

### TO BE FILLED OUT BY THE CHILD'S PHYSICIAN:

Kidd's Kids is a program of the Kraddick Fund for Kids, a 501(c) (3) non-profit organization that takes children with special medical needs to Walt Disney World. Applicants must be between the ages of 5 and 12, suffer from a chronic or terminal illness, are physically challenged, or have a catastrophic impairment due to an injury, accident or birth defect. The children selected for the trip must also demonstrate a financial need and live in a Kidd Kraddick Morning Show listening area. Your patient has applied for this trip, please answer the questions below and give back to your patient so they can submit with the rest of their application. **The submission deadline is June 14, 2023.**

1. What is this child's primary diagnosis? \_\_\_\_\_
2. Is this a life-threatening illness: \_\_\_\_\_ Yes \_\_\_\_\_ No
3. To your knowledge have they received any other trips or wishes? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Do you feel it is safe for this child to participate in a five-day trip to Walt Disney World? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. In your professional opinion, what is the estimated developmental age of this child? \_\_\_\_\_
6. Will this child require oxygen: \_\_\_\_\_ While on the plane during flight \_\_\_\_\_ While on the trip at hotel/parks
7. Does this child function well within a group environment/setting? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Will the trip dates interfere with any upcoming treatment or procedures? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Trip dates: Thursday, November 16 – Monday, November 20, 2023)
9. Please indicate any additional comments/medical requirements/helpful information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**ATTENTION PHYSICIAN: Give the completed form back to your patient's parent/legal guardian.**

Contact Lyndsay Davis with any questions. [Lyndsay@KiddsKids.org](mailto:Lyndsay@KiddsKids.org) or 972-432-8595

Kidd's Kids | 220 E. Las Colinas Blvd. | Suite C-210 | Irving, TX 75039 | (972) 432-8595 (Main Office)  
This application will be considered without regard to race, color, religion, national origin, sex, sexual orientation, or marital status.