



# Medical Authorization

Wish Child
_____
<i>First Name</i>
_____
<i>Last Name</i>
_____
<i>Arrival Date</i>

As the physician for \_\_\_\_\_,  
*Please print wish child's name*

I, \_\_\_\_\_, MD.,  
*Please print physician's name*

am familiar with the physical condition of the above named child and am of the opinion that the condition of the above named child has a life-threatening and/or terminal illness. I have explained to the above named child's parent(s) or legal guardian(s) the medical condition of the above named child. I have discussed with the parent(s) or legal guardian(s), the risks involved (both physically and mentally), by participation by the above named child in fulfillment of the wish (as it was explained to me and as hereinafter described). I have instructed them as to who to call in the event medical assistance is needed and how to handle medical emergencies.

As long as the parent(s) or legal guardian(s) take sufficient precaution to protect the above named child in accordance with my instructions to them, I am of the opinion that participation in the wish described to me by the above named child will not present medical risks to him/her sufficient to prevent my recommendation he/she participate in the following wish which will involve traveling to Florida for approximately a week and spending most of each day out of doors visiting tourist attractions.

### Description of wish

*Travel to Central Florida to visit theme parks and attractions*

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Office Address

\_\_\_\_\_  
Physician's Office Phone

\_\_\_\_\_  
Physician's Emergency Phone