

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 send this form to Kidd's Kids as soon as possible. **The submission deadline is June 14, 2024.**

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 21 – Monday, November 25, 2024)
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