

# 2019 Kidd's Kids Teen Trip Nomination Application

## About Kidd's Kids:

Kidd's Kids is a program of the Kraddick Foundation, a non-profit 501©3 organization. Our mission is to provide hope and happiness by creating beautiful memories for families of children with life-threatening and life-altering conditions.

## About the Kidd's Kids Teen Trip:

The 2019 Kidd's Kids Teen Trip will take place Saturday, June 1st – Friday, June 7<sup>th</sup>, 2019 at the Give Kids The World Village in Central Florida. Give Kids The World Village is a 79-acre resort that exists only for the fulfillment of wishes granted to children who have been granted a wish through a partnering wish-granting organization. The child and his/her family are provided accommodations, meals, entertainment, and theme park tickets to the world-famous attractions of Central Florida. This trip will include three (3) days at Walt Disney World, two (2) days at Universal Orlando, and one (1) day at SeaWorld Orlando. More information can be found at [www.GKTW.org](http://www.GKTW.org).

*\*Please note: The Kidd's Kids Teen Trip is a separate event from the Kidd's Kids trip that takes place each November for children ages 5 - 12. For more information and qualification guidelines for the November Kidd's Kids trip, please visit [www.KiddsKids.org](http://www.KiddsKids.org).*

## Nomination Criteria:

1. The child must be between the ages of 13 and 18 years old at the time of the trip.
2. The child must be diagnosed with a life-threatening and/or terminal illness as determined by an attending physician. Documentation is required.
3. The child's family must show a financial need (being otherwise unable to afford a trip of this nature).

The Nomination Application for the 2019 Kidd's Kids Teen Trip consists of a six-page application, a one-page medical questionnaire, and a one-page medical authorization form. **Please complete the application in black or blue ink and write legibly.** Answer each question to the best of your ability and as honestly as possible. Ensure that you have completed each section of the application before submitting. The medical questionnaire and medical authorization forms should be completed by the child's physician and sent to Kidd's Kids.

## Application Checklist:

Before you submit the application, please ensure that you:

- \_\_\_\_\_ Fully complete each section of this application (there are six (6) pages consisting of nine (9) sections)
- \_\_\_\_\_ Include a photocopy of the nominated child's birth certificate to verify age  
(or the child's most recent shot record can be used in lieu of a birth certificate)
- \_\_\_\_\_ Include a photo of the nominated child (via mail or email) **do NOT fax photos**
- \_\_\_\_\_ Include a photocopy of the first two pages of the family's most recent income tax return
- \_\_\_\_\_ Give the **medical questionnaire and medical authorization** to the child's physician to be completed
- \_\_\_\_\_ Submit the application AND medical questionnaire/authorization before **Friday, February 15, 2019**
- \_\_\_\_\_ Submit any letters of support or other supporting documentation before **Friday, February 15, 2019**
- \_\_\_\_\_ If applying for more than one child, please complete a separate application for each child
- \_\_\_\_\_ **DO NOT STAPLE** the application or supporting documentation OR send folders/binders
- \_\_\_\_\_ **KIDD'S KIDS WILL NOT ACCEPT PHOTOS OF DOCUMENTS\***. You must either scan to a pdf and email, or fax, or mail documents to our office. (\*i.e. do **NOT** take a photo of the application pages on your phone and send)  
**(You will receive a confirmation email to confirm receipt of the application and all necessary documents)**

If selected to attend the 2019 Kidd's Kids Teen Trip, the selected child and their family are invited to join us on the trip. The selected child's "FAMILY" is defined as parent(s) or legal guardian(s) and siblings of the child who also reside in the household. If selected, your family will be ineligible to attend any future Kidd's Kids Trips.

**The deadline to submit a 2019 Kidd's Kids Teen Trip Nomination Application is Friday, February 15, 2019**

Mailing Address: Kidd's Kids – ATTN: Teen Trip Application  
220 E. Las Colinas Blvd, Suite C-210, Irving, TX 75039  
(972) 432-8595 (P) | (214) 853-5212 (F) | [Lyndsay@KiddsKids.org](mailto:Lyndsay@KiddsKids.org)  
For more information, please visit [www.KiddsKids.org](http://www.KiddsKids.org)



2019 Kidd's Kids Teen Trip  
Nomination Application  
(Confidential)

**Please Tell Us:**

How did you find out about Kidd's Kids? \_\_\_\_\_

**Section 1: Nominated Child's Information**

Name of child: \_\_\_\_\_

Address of child: \_\_\_\_\_  
Street Address Apt # City/State/Zip Code

Sex of the Child: \_\_\_ Female \_\_\_ Male

Birthdate: \_\_\_\_\_  
Month/Day/Year Age Grade Level Developmental Age

*(Attach a copy of the nominated child's birth certificate or most recent shot record to show proof of age)*

**Section 2: Parent or Legal Guardian's Information**

Name of Parent/guardian completing application: \_\_\_\_\_

Relationship to applicant: \_\_\_ Mother \_\_\_ Father \_\_\_ Legal Guardian \_\_\_ Other, Specify: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt # City/State/Zip Code

Phone Numbers: \_\_\_\_\_  
Cell Work Home

\_\_\_\_\_ Email Address *(you will receive a confirmation email once your application has been processed by Kidd's Kids)*

The nominated child currently resides with: Parent(s): \_\_\_ Both \_\_\_ Mother \_\_\_ Father  
\_\_\_ Legal Guardian(s) \_\_\_ Other Relative: \_\_\_\_\_

*(Please ensure that a parent or guardian signs the last page of this application)*

**Section 3: Family Member Information**

Please list all "Family Members" who live in the same household with the nominated child and their relationship to the child. "Family Members" are defined as the child's parent(s)/legal guardian(s) and siblings who currently reside in the child's household. **Only those "Family Members" who are eligible will be invited to attend the trip, if the child is selected.** All sections for each "Family Member" must be complete (Full legal name, relationship, age, and date of birth). Add additional family members as needed. **All family members over the age or 18 must have a United States Government issued ID in order to attend the trip.**

<u>Full Legal Name (First, Middle, Last)</u>	<u>Relationship To Child</u>	<u>Age</u>	<u>Date of Birth</u> (month/day/year)
_____	Nominated Child (Self)	____	_____
_____	Parent/Guardian #1 (_____)	____	_____
_____	Parent/Guardian #2 (_____)	____	_____
_____	Sibling # 1 (Sister)(Brother)(Other ___)	____	_____
_____	Sibling # 2 (Sister)(Brother)(Other ___)	____	_____
_____	Sibling # 3 (Sister)(Brother)(Other ___)	____	_____

Total Number of "Family Members" living in household and listed above (including nominated child): \_\_\_\_\_

**Section 4: Medical Information**

What is your child's medical condition? \_\_\_\_\_

Please give us a short description of your child's medical condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any medications your child is currently taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give us a short description of the medical treatment or attention your child is currently receiving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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What do you have to do to care for your child? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any travel restrictions?  Yes  No

If yes, please explain \_\_\_\_\_

Does your child utilize a wheelchair?  Yes  No

If yes, they use it:  all of the time  on occasion  only for distance

If your child uses a wheelchair for distance (or when they get tired), can they use a wheelchair that is provided at the hotel or parks without bringing the wheelchair on the trip?  Yes  No

Will you bring your child's wheelchair on the trip?  Yes  No

If you are bringing your child's wheelchair on the trip, is it  Manual or  Electric?

Can your child transfer from their wheelchair and sit on their own in a seat or ride?  Yes  No

Does your child require other special medical equipment for their care or comfort?  Yes  No

If yes, what type(s) of equipment? \_\_\_\_\_

Will your child require the use of oxygen while on the trip (hotels/parks)?  Yes  No

Will your child require oxygen on the plane while in flight?  Yes  No

If Oxygen is needed, please explain: \_\_\_\_\_

Does your child require a 24-Hour nurse/caregiver that is a non-family member?  Yes  No

If yes, will you need this 24-hour nurse/caregiver on this trip with you?  Yes  No

If yes, what kind of help will they provide for your child? \_\_\_\_\_  
\_\_\_\_\_

Other than the applicant, are there any immediate family members, residing in the same household as the Child, who have an illness or disability?  Yes  No If yes, please list name, relationship, and illness:

Name	Relationship	Illness/Disability	Care Needed
_____	_____	_____	_____
_____	_____	_____	_____

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Name of child's primary doctor: \_\_\_\_\_

Phone number(s) of primary doctor: \_\_\_\_\_

Name of the hospital where child receives care: \_\_\_\_\_

Names of other doctors, nurses or child life specialists who regularly see your child:

<u>Name</u>	<u>Position</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

**Section 5: Employment and Income Information**

Name of Parent/Guardian's employer: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Length of Time with Current Employer: \_\_\_\_\_

Name of Parent/Guardian's employer: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Length of Time with Current Employer: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

(Please attach a copy of the first two pages of the family's most recent tax return)

**Section 6: Insurance Information**

Parent/Guardian's Medical Insurance Provider: \_\_\_\_\_

Parent/Guardian's Medical Insurance Provider: \_\_\_\_\_

Does your child have medical insurance? \_\_\_\_ Yes \_\_\_\_ No

If yes, what is the name of the private insurance agency? \_\_\_\_\_

What is the name of the employer providing group health insurance? \_\_\_\_\_

Does Medicaid cover the child? \_\_\_\_ Yes \_\_\_\_ No

Does the child receive any disability payments? \_\_\_\_ Yes \_\_\_\_ No

**Section 7: Other Trips/Wish Granting Organizations Information**

Has your child ever received a wish from any organization/company?  Yes  No

\*Note: We run all applicant names through the Give Kids The World database of children who have received a trip to Walt Disney World and/or other Central Florida attractions through another wish granting organization.

If Yes, what year? \_\_\_\_\_

If yes, what wish/wishes has your child received? \_\_\_\_\_

If yes, what organization granted the wish/wishes? \_\_\_\_\_

Is your child on any other list for a trip to Central Florida or anywhere else?  Yes  No

If yes, what list/organization is your child on? \_\_\_\_\_

If yes, how long has your child been listed? \_\_\_\_\_

Have you applied to have a wish granted before from other organizations?  Yes  No

If yes, what was the wish and organization? \_\_\_\_\_

Was the wish granted?  Yes  No AND If No, Is the wish still pending?  Yes  NO

Has your child ever visited Disney World, Universal Orlando, or SeaWorld Orlando?  Yes  No

If yes, what year(s) and which theme park(s)? \_\_\_\_\_

Has your child ever been on a Kidd's Kids trip?  Yes  No If yes, what year? \_\_\_\_\_

Has your child ever been to Give Kids The World Village?  Yes  NO If yes, what Year? \_\_\_\_\_

Where did your family go on their last vacation? \_\_\_\_\_

When was this vacation? \_\_\_\_\_

**Section 8: Kidd's Kids Trip Information**

If selected for the trip, would your family be able to travel **June 1<sup>st</sup> – 7<sup>th</sup>, 2019**?  Yes  No

Have you received a trip/or offer for a trip to Disney World, Universal Orlando, or SeaWorld Orlando from any other organization?  Yes  No

Have you submitted an application to Kidd's Kids before?  Yes  No

If yes, what year(s)? \_\_\_\_\_

Is anyone in the nominated child's immediate family currently involved in litigation?  Yes  No

If yes, briefly explain? \_\_\_\_\_

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**Section 9: RELEASE**

I hereby certify that the information I have provided in this application is true, correct and complete. I hereby authorize The Kraddick Foundation, also known as Kidd's Kids, or anyone acting on their behalf, to investigate the statements made in this application, any references provided herein, and to conduct any investigation regarding the existence of any record of criminal offenses committed by any individual 13 years of age or older who will or may accompany the child nominated in this application on the trip or at any event associated therewith, and further authorize the release of such information without liability to Kraddick Foundation, its affiliates and subsidiaries, and their respective officers, directors, employees, agents, successors, and assigns, or any person acting under their authority. **I HEREBY WAIVE, RELEASE AND DISCHARGE THE KRADDICK FOUNDATION, ITS AFFILIATES AND SUBSIDIARIES, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SUCCESSORS, AND ASSIGNS, OR ANY PERSON ACTING UNDER THEIR AUTHORITY (RELEASEES) FROM ANY LIABILITY ARISING FROM THE RELEASE OF SUCH INFORMATION, INCLUDING ANY LIABILITY THAT MAY ARISE FROM A NEGLIGENT ACT OR OMISSION OF RELEASEES.**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**                      **Signature of Parent/Guardian**                      **Date**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**                      **Signature of Parent/Guardian**                      **Date**

Kidd's Kids  
220 E. Las Colinas Blvd, Suite C-210, Irving, TX 75039  
(972) 432-8595 (Main Office) | (214) 853-5212 (Fax)  
Lyndsay@KiddsKids.org  
www.KiddsKids.org

This application will be considered without regard to race, color, religion, national origin, sex, sexual orientation, or marital status. If you have any questions regarding this application, please contact us.

**\*\*\*CONFIDENTIAL\*\*\***  
**KIDD'S KIDS MEDICAL QUESTIONNAIRE**

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

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

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

\_\_\_\_\_  
Mailing Address, Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email

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 Foundation, a 501(c) (3) non-profit organization that takes children with special medical needs to Give Kids The World Village in Central Florida. Applicants for the Kidd's Kids Teen Trip must be between the ages of 13 and 18 and be diagnosed with a life-threatening and/or terminal illness as determined by an attending physician. Your patient has applied for this trip, please answer the questions below and send this form to Kidd's Kids. **The submission deadline for the 2017 Kidd's Kids Teen Trip is Friday, March 24, 2017.**

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 six day trip to central Florida? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. In your professional opinion, what is the estimated developmental age of this child? \_\_\_\_\_

6. Will a trip June 1<sup>st</sup> – 7<sup>th</sup> of 2019 interfere with medical treatments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

7. Will this child require oxygen: \_\_\_\_\_ While on the plane during flight \_\_\_\_\_ While on the trip at the parks

8. Does this child function well within a group environment/setting? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Please indicate any additional comments/medical requirements/helpful information: \_\_\_\_\_

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

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

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

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

**ATTENTION PHYSICIAN: PLEASE FAX OR EMAIL TO KIDD'S KIDS**  
Attn: Lyndsay Kotzot (214) 853-5212 (F) OR Lyndsay@KiddsKids.org

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





# Medical Authorization

<b>Wish Child</b>
_____
<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