



PRECIOUS TOUCH FOUNDATION INC.

P.O. Box 814, Bridgetown, Barbados. W.I.
Phone: (246) 423-7863, Mobile: (246) 230-3402
Email: precioustouch@hotmail.com

Corporate Tax No. 29818

CHILD REFERRAL FORM

YOUR FIRST NAME: _____ YOUR LAST NAME: _____

YOUR RELATIONSHIP TO CHILD: _____

NAME OF CHILD: _____
(SURNAME) (FIRST) (OTHER NAMES)

SEX: MALE FEMALE DATE OF BIRTH: _____
(DAY/MONTH/YEAR)

REASON FOR REFERRING CHILD: _____

Contact Information

PARENT/GUARDIAN 1

NAME _____
(SURNAME) (FIRST) (OTHER NAMES)

ADDRESS _____

PLACE OF EMPLOYMENT _____

TELEPHONE NUMBERS _____ (H) _____ (W) _____ (OTHER)

PARENT/GUARDIAN 2

NAME _____
(SURNAME) (FIRST) (OTHER NAMES)

ADDRESS _____

PLACE OF EMPLOYMENT _____

TELEPHONE NUMBERS _____ (H) _____ (W) _____ (OTHER)

Other Information

ATTENDING PHYSICIAN _____ TELEPHONE NUMBER _____

ADDRESS _____

YOUR TELEPHONE NUMBER _____ EMAIL: _____ YOUR SIGNATURE: _____

FOR INTERNAL USE ONLY

DATE OF REFERRAL: _____
(DAY/MONTH/YEAR)

ACCEPTED DECLINED

WISH EFFECTIVE DATE: _____
(DAY/MONTH/YEAR)

ACCEPTED BY: _____

...Making Precious Wishes Come True...



PRECIOUS TOUCH FOUNDATION INC.

P.O. Box 814, Bridgetown, Barbados. W.I.
Phone: (246) 423-7863, Mobile: (246) 230-3402
Email: precioustouch@hotmail.com

PARENTAL AND MEDICAL CONSENT FORM

Corporate Tax No. 29818

This is to certify that we the undersigned parents/guardians, hereby consent and grant permission for our son/daughter/ward to participate in the “Wish” granting program of **Precious Touch Foundation Inc.**

I consent and grant permission

- i. for the release of all necessary information pertaining to the said child by the attending physician(s) and/or medical institution(s) to the Precious Touch Foundation Inc. to determine whether the particular “Wish” can be executed safely and to assess the medical eligibility of the said child for the stated ” wish” and
- ii. that upon approval of the said wish that the Precious Touch Foundation Inc. shall have the right to utilize any information secured during the wish granting process for promotional purposes, including but not limited to, publications, photographs, voice and video recordings but **excluding confidential medical information.**

The granting of a wish is at the sole discretion of the Precious Touch Foundation Inc. Wishes pertaining to financial assistance for medical conditions shall not be granted by The Precious Touch Foundation Inc.

Signature(s):

Name(s) of Parents/Guardians:

.....

Date: Telephone:.....Email:

...Making Precious Wishes Come True...



PRECIOUS TOUCH FOUNDATION INC.

P.O. Box 814, Bridgetown, Barbados. W.I.
Phone: (246) 423-7863, Mobile: (246) 230-3402
Email: precioustouch@hotmail.com

Corporate Tax No. 29818

MEDICAL CONFIRMATION FORM

Based on my assessment and the medical records presented to me,
.....is/is not diagnosed with a life threatening medical condition, and therefore qualifies/does not qualify to participate in the "WISH" granting program with **PRECIOUS TOUCH FOUNDATION INC.**

SignatureOfficial Stamp

Name of Medical Practitioner:-

Date:-Telephone:.....Email:.....

...Making Precious Wishes Come True...