



Canada

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**Refer a Child – Application Form**

Out of respect for the privacy of the children and families we serve, children who may be eligible to receive a wish can be referred by one of the three sources:

- Medical professionals treating the child i.e., doctors, nurses, social workers, child-life specialists
- A parent or legal guardian of the potential wish child
- The potential wish child

If you are not eligible to refer a child, please ask the child's family to visit our website, contact the national office at [programs@makeawish.ca](mailto:programs@makeawish.ca), or call 1-888-822-9474.

Your Name:

Your Phone:

Your E-mail:

Your relationship to the child you wish to refer:

- Parent/Guardian     Medical Professional     Self (Potential wish child)

Has this child had a wish granted before by Make-A-Wish?  Yes  No

Has your child ever had a wish granted before by any other organization?  Yes\*  No

\*If yes, which organization? \_\_\_\_\_

Child's Name:

Child's Age:

Child's City  
and Province:

Child's Medical  
Condition:

Child's Family  
Phone:

Child's Family  
E-mail:

Where did you learn about the Make-A-Wish Foundation®:

Comments: