



# Medical Authorization

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

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 critical 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**