

# WISH REQUEST

CHILDS FULL NAME

GENDER

Male

Female

CHILDS DATE OF BIRTH

NATURE OF ILLNESS

CHILDS WISH OR DREAM

PARENT/GUARDIAN NAME

HOME ADDRESS

POST CODE

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS

NAME AND ADDRESS OF HOSPITAL

POST CODE

TELEPHONE NUMBER

CONSULTANTS NAME

*Unfortunately, we are unable to consider any request without a letter from a consultant or social worker specifying the child's medical condition.*