

Mary Kate's Legacy Foundation Patient Application



Office Use Only

Recv'd _____ Entered _____

A/D _____ Amt _____ Date _____

Mary Kate's Legacy Foundation

"Mary Kate's Legacy Foundation is committed to the witness of faith and spirit of giving that inspired all who knew her. The mission of the foundation is to continue the spirit of love and goodness which epitomized the life of Mary Kate Marlow."

The foundation is intended to assist those families of children with special needs; to relieve financial burden and support them with Mary Kate's spirit of hope and love."

Part I (to be completed by parent/guardian) Please print clearly:

Child's name _____
(First) (Middle) (Last)

Date of birth _____ Sex _____ Age _____
(month/day/year)

Home address _____
(number/street address) County _____

City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____

WorkPhone: (Father) () _____ (Mother) () _____

Email address: (Father) _____ (Mother) _____

Mother's Name: (First) _____ (Last) _____

Father's Name (First) _____ (Last) _____

Legal guardian (if other than parents) _____

(Note: If child is under the custody of one parent, please attach a copy of the child custody order or both parents must sign all documents.)

Hospital where child is being treated: _____ City _____ State _____

Attending Physician _____

Physician Phone # _____

Please describe your child's illness and any special medical needs or considerations:

(For example, the child is confined to a wheelchair, in need of 24 hour nursing care, in need of oxygen, etc..)

Has your child ever participated in a Mary Kate's Legacy Foundation program? Yes No
(please mark an 'X' to the right)

I understand and recognize that participation in Mary Kate's Legacy is contingent upon approval by the Mary Kate 's Legacy Foundation as well as compliance with all conditions, qualifications and restrictions designated by Mary Kate's Legacy Foundation.

Parent/Guardian _____ **Date** _____

Parent/Guardian _____ **Date** _____

******Please feel free to provide any additional information that you feel may be helpful to the board in making a fair and accurate assessment of your child's needs.******

PLEASE PRINT CLEARLY

Child's Name _____

PART II Medical Assessment: (To be completed by physicians)

1. Name of physician completing assessment: (Please Print): _____

Address: _____

Phone _____

Fax _____

Diagnosis of Child _____

Date of Dx _____

Please give a brief description of the child's disorder and its effects on daily life in the space provided

Date of last visit: _____

Physician's signature _____

Date _____

LIABILITY RELEASE AND AUTHORIZATION DISCLOSURE

Please complete all sections of this form and return to:

Mary Kate's Legacy
P.O. Box 37
Richboro, PA. 18954

Tom Marlow- Coalisland@comcast.net

Website: WWW.MARYKATESLEGACY.COM



As a requirement for participation in Mary Kate's Legacy, the parent(s) or legal guardian(s) must sign this Liability Release and Authorization to Disclose Information.

Liability Release: The undersigned both individually, jointly, and on behalf of the child who is eligible to participate in Mary Kate's Legacy does hereby agree to release, forever discharge, and hold Mary Kate's Legacy Foundation, their directors, officers, employees, agents, volunteers, successors, and assigns harmless from and against any and all actions, causes of action, liability, claims and demands for, any damages and claims of any kind whatsoever, whether known or unknown, in connection with or arising from any incident(s) or occurrence(s) during the child's participation in Mary Kate's Legacy Foundation.

Authorization to Disclose and Obtain Medical Information: The parent(s) or legal guardian(s) give Mary Kate's Legacy Foundation authorization to obtain all medical information which Mary Kate's Legacy Foundation may feel is necessary for consideration. The parent(s) and legal guardian(s) authorize all of the child's physicians and medical care providers to provide Mary Kate's Legacy Foundation with all medical information regarding the child that is applying to Mary Kate's Legacy Foundation.

Authorization for Disclosure the Third Parties: The parent(s) or legal guardian(s) understand and agree that Mary Kate's Legacy Foundation may disclose their child's identifying information to a third party in order for the third party to provide notices to the parent(s) or legal guardian(s), such as when an event is cancelled.

Authorization Regarding Property: It is understood and agreed that participation in Mary Kate's Legacy Foundation may result in publicity that in order for Mary Kate's Legacy Foundation to continue its services, it is helpful to be able to portray children and families using grants in a positive way in brochures, newsletters, on Mary Kate's Legacy Foundation website, and other promotional materials. The undersigned both individually and on behalf of the child who is eligible to participate in Mary Kate's Legacy Foundation to use the name of their child for publicity or promotional purposes.

Authorization Regarding Photo: Due to the nature of Mary Kate's Legacy Foundation, publicity is sometimes unavoidable. Although Mary Kate's Legacy Foundation cannot control outside media, the undersigned as the parent(s) or legal guardian(s) of the child, by checking below, may grant or deny

permission from Mary Kate's Legacy Foundation to use photographic images of their child and/or family in Mary Kate's Legacy Foundation's promotional materials, such as brochures, newsletters, websites, press releases, and any other means. The undersigned understand and agree that if they deny permission, Mary Kate's Legacy Foundation will use its best efforts to prevent use of the photographic images but cannot make any guarantee with respect to publicity.

(Please complete and sign below)

Please place a check or 'X' to the left of the appropriate blank:

I GRANT **I DENY** permission for Mary Kate's Legacy Foundation to use a photographic image of my child and/or family in Mary Kate's Legacy Foundation promotional materials.

This Liability Release and Authorization to Disclose Information contains the entire agreement between the parent(s) or legal guardian(s) and Mary Kate's Legacy Foundation and that the terms hereof are contractual and not a mere recital. By signing below, the parent(s) or legal guardian(s) of the child acknowledge they have read, understand and consent to the terms set forth herein:

PLEASE PRINT CLEARLY

Child's Name _____

Date of Birth _____

Diagnosis of Child _____

Home Address _____

City _____ State _____

County _____ Zip Code _____

() () ()
Home phone Work phone Cell phone

Email _____

(If child has two parents or legal guardians, both parents or legal guardians must sign below:)

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Witness _____ Date _____