



A Kid Again  
Central Indiana Chapter  
8275 Allison Pointe Trail, #220  
Indianapolis, IN 46250  
Attn: Katie Pappas  
Phone: 317-295-3178, ext. 3178  
Fax: 614-797-9600

A Kid Again  
Central Ohio Chapter  
777 G Dearborn Park Lane  
Columbus, OH 43085  
Phone: 614-797-9500  
Fax: 614-797-9600

A Kid Again  
Northern Ohio Chapter  
9347 Ravenna Rd., Suite D  
Twinsburg, OH 44087  
Phone: 330-405-5437  
Fax: 1-330-362-1043

A Kid Again  
Southwest Ohio Chapter  
9600 Montgomery Rd.  
Lower Level, Suite 4  
Cincinnati, OH 45252  
Phone: 513-232-5104  
Fax: 866-496-6077

## A KID AGAIN APPLICATION

M / F (circle)    Date of Birth \_\_\_\_\_

Name of Child with life threatening illness \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell or alternate number \_\_\_\_\_

Email Address \_\_\_\_\_

Names of 1<sup>st</sup> Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Name of 2<sup>nd</sup> parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Does your child require a nurse/caregiver in attendance? \_\_\_\_\_ Does your child require a  
wheelchair? \_\_\_\_\_

Names and date of birth for all siblings under age 20

\_\_\_\_\_ M / F    Date of Birth \_\_\_\_\_

\_\_\_\_\_ M / F    Date of Birth \_\_\_\_\_

\_\_\_\_\_ M / F    Date of Birth \_\_\_\_\_

\_\_\_\_\_ M / F    Date of Birth \_\_\_\_\_

\_\_\_\_\_ M / F    Date of Birth \_\_\_\_\_

**Please note: We must receive a copy of the legal documents if you have custody of someone else's child or children  
or if you are a foster parent of a child prior to their participation in A Kid Again.**

Prior to the first event, an A Kid Again volunteer will contact you to fill out a liability form.



MEDICAL AUTHORIZATION

CHILD/ADOLESCENT

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_
Street City

State Zip Phone

I/We give permission to release medical and other pertinent information for the above named child to A Kid Again

Parent or Guardian Signature/Signature of Child if he/she is 18 years of age or older

This section is for the qualified licensed medical practitioner:

Diagnosis: \_\_\_\_\_

Physical and/or health limitations: \_\_\_\_\_

The above named child does \_\_\_/does not \_\_\_ have a medical problem that may be considered to be life-threatening. ( If a child has had an illness but now is in remission please mark "does".)

To the best of my knowledge, the above named child may participate in "A Kid Again".

Qualified licensed medical practioner signature (MD,NP,PA) Date

Printed Name & Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



## LIABILITY RELEASE AND AUTHORIZATION

Participating Child's Name \_\_\_\_\_

By my/our signature(s) set forth below, and in consideration of A Kid Again, taking myself, my spouse, my children and any or all of my family on any "A Kid Again" outings, I hereby release A Kid Again and all of its agents, officers, servants, directors, employees, the donors, contributors, volunteers, and or participants from any liability whatsoever, in connection with the preparation, execution, and fulfillment of any and all outings on behalf of the above mentioned child. The scope of this release shall include but not be limited to transportation, food, lodging, medical concerns(physical and emotional), entertainment, photographs and physical injury of any kind.

I/We \_\_\_\_\_, Parents/Guardians

of \_\_\_\_\_, A Kid Again Child's Name,

and (Siblings) \_\_\_\_\_

By my/our signature set forth below, I/we further authorize A Kid Again, or any of its agents, directors, officers, servants, or employees to photograph, film and/or electronically record interviews with me/us in such a manner that they choose. I further authorize A Kid Again to distribute these recordings/films/pictures, now or at any time in the future to anyone including the general public, magazines, radio stations, TV stations, or newspapers or public relations, and/or news stories, or public presentations.

By my/our signature set forth below, I/we also give my/our permission for ourselves and/or children to participate in A Kid Again outings. **I hereby state that I/we have read the forgoing release and have executed it freely, voluntarily and without remuneration.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guradian Signature

\_\_\_\_\_  
Date

At times, the administration of A Kid Again (“AKA”) may initiate non-clinical research studies directed by our staff or through an outside research organization. These studies will help us evaluate AKA’s program by surveying family satisfaction and by analyzing the impact on the medial/psychosocial outcomes of the children that AKA serves.

The goal of these studies is to ensure that AKA’s program is meeting the needs of the children and families it serves as well as to quantify its impact on treatment outcomes. By signing this consent form, you are agreeing to allow AKA staff members or their agents to contact you to discuss your family’s experience with AKA or to seek your specific consent to participate in a research study analyzing outcomes. AKA and its agents will keep any information regarding your child’s condition and treatment confidential, and neither AKA nor its agents will use or otherwise disclose information regarding your child’s condition or treatment for any other purpose or to any other party.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## PERSONAL INTERESTS

### Personal Web Site:

We like to follow our families on their personal website such as Caringbridge, Care Pages, Facebook or on a blog that you have created.

Name of website \_\_\_\_\_

### Personal Interests:

What are some hobbies, interests and places your family likes to go?

\_\_\_\_\_  
\_\_\_\_\_

Would you like to receive invitations via email, US Postal Service or both? \_\_\_\_\_

Would you be interested in finding our more about our mentoring program? \_\_\_\_\_

\_\_\_\_\_

### Employment: (Optional)

During our Annual Corporate Fundraising Campaign we are routinely asked by corporations we are targeting if any of our parents work for that particular corporation. Corporations are more likely to support a cause if they know that it will benefit their employees. With that in mind, would you please fill in the information below?

Answering this question is optional.

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Employer's

Employer's

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Does your employer have a charitable and/or matching gift program? \_\_\_\_\_

Does your employer participate in the United Way Program? \_\_\_\_\_

### Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_