



Canada

521-4211 Yonge Street Toronto ON M2P 2A9  
Phone: 416-224-9474 Fax: 416-224-8795

**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 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 Canada office at [nationaloffice@makeawish.ca](mailto:nationaloffice@makeawish.ca) or call 1-888-822-9474.

Your Name:

Your relationship to the child you wish to refer\*:

Parent/Guardian       Medical Professional       Self (Potential wish child)

Address:

City/Province:

Telephone:

Postal Code:

Email:

Child's Name:

Child's Age:

Child's Medical Condition:

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

Comments: