

ASK  ALBIE



Consent Form

Please fill out this form and return it as soon as you can to:
hello@askalbie.org.uk

PLEASE USE BLOCK CAPITALS

Childs Name _____

Home Address _____

_____ Postcode _____

Child Date of Birth _____

Guardian/Parent Name & Phone Number _____

Email
address _____

Has your child had a wish grated by Ask Albie or any other wish granting organisation?
Y or N - please circle

If yes which organisation granted the wish? _____

How is your child able to chose their wish? _____

I/We consent to Ask Albie granting a wish for the above named child should the child
be deemed eligible

Signed _____
Dated _____

Do you consent for the relevant details of your child's medical condition to be shared
with Ask Albie by the consultants caring for him/her?

Yes / No - Please Circle

Do you consent for the relevant details of your child's medical condition to be shared
with the relevant parties necessary? (e.g. venues, centres, theme parks etc)

Yes / No - Please Circle

Registered Charity 1165041
www.askalbie.org.uk
hello@askalbie.org.uk