



**REQUEST FOR FAMILY "HUG"**

Julia's Grace Foundation® helps children fighting cancer and their families by providing support to make the days "normal". Remembering that kids need to be kids and everyone needs a "hug", the Julia's Grace Foundation® offers opportunities for special family moments, whether at home, in the hospital or at public events and venues.

CHILD'S NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_  
T-SHIRT SIZE: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME TELEPHONE NUMBER: \_\_\_\_\_  
CELL PHONE (MOTHER): \_\_\_\_\_  
CELL PHONE (FATHER): \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

OTHER HOUSEHOLD MEMBERS/SIBLINGS: (CONTINUE ON OTHER SIDE AS NEEDED)

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>TSHIRT SIZE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INFORMATION

HOSPITAL: \_\_\_\_\_  
CHILD'S PHYSICIAN: \_\_\_\_\_  
DIAGNOSIS: \_\_\_\_\_  
DATE OF DIAGNOSIS: \_\_\_\_\_

In order to provide some special surprises for your child and family, we need to gather some additional information.

CHILD'S INFORMATION

FAVORITE COLORS: \_\_\_\_\_  
FAVORITE MUSIC: \_\_\_\_\_  
FAVORITE FOODS: \_\_\_\_\_  
FAVORITE RESTAURANTS: \_\_\_\_\_  
FAVORITE SPORTS: \_\_\_\_\_  
FAVORITE SPORTS TEAM: \_\_\_\_\_  
FAVORITE CELEBRITIES/SPORTS FIGURES: \_\_\_\_\_  
FAVORITE ACTIVITIES: \_\_\_\_\_  
FAVORITE BOOKS/MOVIES: \_\_\_\_\_  
HOBBIES: \_\_\_\_\_  
FAVORITE ACTIVITIES WITH SIBLINGS (IF APPLICABLE): \_\_\_\_\_  
\_\_\_\_\_  
FAVORITE FAMILY ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANYTHING ADDITIONAL YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD OR FAMILY:  
\_\_\_\_\_  
\_\_\_\_\_

Julia's Grace Foundation® relies on donations and grants for funding. We would appreciate any comments that you could provide us on the impact of our work.

*With signing below, you are requesting to having your child and family receive services from Julia’s Grace Foundation®. You are also confirming with your signature that you have read policies for requesting a "hug" from the Julia’s Grace Foundation® and your child and family meet all eligible criteria. In addition, you are giving permission for medical professionals/social workers/child life workers to confirm medical information about your child's case, in addition to discussing ideas for "hugs" for your family. With your signature, you and all other participants agree to forever release Julia’s Grace Foundation® against any and all liability, damages and claims of any kind that may be connected with or result from participation in a Julia’s Grace Foundation® “Hug,” notwithstanding any liability, damage or claim that may arise due to the negligence of Julia’s Grace Foundation®. arrives from direct negligence of Julia’s Grace Foundation®. Your signature also gives the Julia’s Grace Foundation® the right to use your child's name and likeness on our website, Facebook page and other media and promotional materials.*

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PARENT/GUARDIAN SIGNATURE

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DATE

**ADDITIONAL INFORMATION**

**(To be completed by social worker/child life worker)**

SOCIAL WORKER/CHILD LIFE WORKER NAME: \_\_\_\_\_

SOCIAL WORKER/CHILD LIFE WORKER TELEPHONE NUMBER: \_\_\_\_\_

SOCIAL WORKER/CHILD LIFE WORKER EMAIL: \_\_\_\_\_

ADDITIONAL INFORMATION ABOUT CHILD/FAMILY THAT WILL ASSIST US IN PLANNING OUR "HUGS":

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

SPECIAL REQUEST BEING MADE FOR CHILD AND REASON:

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

*I have reviewed the information on this application and to the best of my knowledge this information is true and complete.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME AND TITLE (PLEASE PRINT)

Please email request to [admin@juliasgracefoundation.org](mailto:admin@juliasgracefoundation.org)  
We will do our best to respond within 2-3 days.