

# New Patient Application

The Casey Cares Foundation provides ongoing support to critically ill children and their family members. Questions? Call 443-568-0064 or visit CaseyCares.org



Child's Name: \_\_\_\_\_  
First Middle Last

Alternative name (Nickname): \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Male  Female   
Month/Date/Year

Home Address: \_\_\_\_\_  
Street Apt#  
\_\_\_\_\_  
City, State Zip Code County

Home Phone: \_\_\_\_\_  
Area Code Number

Cell Phone: \_\_\_\_\_ Please check: Father  Mother  Other   
Area Code Number

Cell Phone: \_\_\_\_\_ Please check: Father  Mother  Other   
Area Code Number

Email: \_\_\_\_\_ Please check: Father  Mother  Other

Email: \_\_\_\_\_ Please check: Father  Mother  Other

Parent/Guardian: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_  
(please print)

Parent/Guardian: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_  
(please print)

Social Worker/Child Life Worker's name: \_\_\_\_\_

Primary Physician's name: \_\_\_\_\_

Hospital: \_\_\_\_\_

*The Participant authorizes the release of any confidential protected health information, as defined by HIPAA 45 C.F.R. Parts 160 and 164. The Participant understands that this authorization is voluntary and that the information to be disclosed is protected by law. The information that is used and/or disclosed pursuant to this authorization may be re-disclosed by the recipient to any third party involved in program participation. Participant does also hereby covenant not to sue Casey Cares for any matter arising out of or connected with such release and/or disclosure of any confidential protected health information.*

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed the included Waiver and Release provided along with this application, a copy of which is also provided on the Casey Cares website, the terms of which are incorporated herein by reference.

\_\_\_\_\_  
(initial)

\_\_\_\_\_  
(initial)

Please complete all sections and sign the application. Doctor and social worker must complete reverse page before returning to foundation.

OVER

Office Use Only v 1.25  
New \_\_\_\_\_ Update \_\_\_\_\_

Child's name: \_\_\_\_\_

**MEDICAL DOCUMENTATION**

Hospital : \_\_\_\_\_ City/State: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Worker/Child Life Specialist Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child's illness: \_\_\_\_\_

Initial date of diagnosis: \_\_\_\_\_

Last treatment date: \_\_\_\_\_ Date of last office visit: \_\_\_\_\_

Is child frequently hospitalized? Yes  No  Is child on active treatment? Yes  No

Is child on hospice care? Yes  No  Is child's illness critical and/or life-threatening? Yes  No

If at least 2/4 above criteria are not met, please explain the reason that child should still qualify for programs

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

**Form must be signed by *either* child's physician, social worker, child life specialist, or hospital staff**  
The Parent(s)/Guardians(s) have full knowledge of child's illness and are aware of how to handle medical emergencies.  
If Parent(s)/Guardians(s) adhere to physician's recommendations/instructions, there is no medical contraindication to patient's participation in Casey Cares Programs and patient will not present medical risks to others.

**Only ONE signature is required:**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Worker/  
Child Life Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional information about family:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When completed, please forward to:

Casey Cares Foundation  
7100 Columbia Gateway Drive, Suite 155  
Columbia, MD 21046

Phone: 443-568-0064  
Fax: 443-524-9949  
Email: [Erin@CaseyCaresFoundation.org](mailto:Erin@CaseyCaresFoundation.org)

**CASEY CARES FOUNDATION, INC.**  
**PARTICIPATION WAIVER AND RELEASE**

In consideration of being allowed to participate in one or more of the programs or other offerings provided by the Casey Cares Foundation, Inc. a Maryland 501(c)(3) non-profit organization ("Casey Cares") (hereinafter "Program"), and intending to be legally bound, the participant named below, by and through their legal parent or legal guardian, agrees for themselves, their heirs, executors, administrators and assigns (hereinafter "Participant"), to waive and release all rights and claims for damages which the Participant may have now or in the future against Casey Cares, its officers, directors, employees, agents, volunteers and affiliates, arising out of or relating in any way to the Programs, including all claims for personal injuries and/or property damage sustained by the Participant before, during, or after said Program, whether caused or alleged to be caused in whole or in part by the negligence or intentional misconduct of Casey Cares or otherwise. The Participant does also hereby covenant not to sue Casey Cares for any matter arising out of or connected with the Programs. The Participant does release and absolve Casey Cares, its officers, directors, employees, agents, volunteers and affiliates, from any and all actions, causes of action, claims and demands for, any damage for any incidents or occurrence which occur during the participation or consideration of participation in a Program.

The Participant does recognize that the Programs may involve activities that are physically demanding and may involve injury or harm and the Participant agrees that this risk is fully assumed by the Participant. This includes, but not limited to problems connected with transportation, lodging, food, all medical conditions, publicity to include photographs, accidental injury, death or harm to the Participant and that all risk is fully assumed by all Participant. Participants agrees to carry full medical coverage or assume personal responsibility for failing to carry adequate medical insurance.

The Participant gives Casey Cares permission to use its name, likeness, photograph and other information for purposes of promotion, publication, commercial advertising, or any purpose whatsoever, now or at any time in the future. The Participant also gives Casey Cares permission to use any photographs or video event that may be used for publicity. Casey Cares may use this information: (1) in all manner and media whatsoever; whether now or hereafter invented, including electronic and print media and the Internet; (2) with or without Participants' names; (3) without the payment of royalties or other compensation to anyone; and (4) without the need to notify them or to seek further approval before doing so. The Participant hereby releases Casey Cares, its officers, directors, employees, agents, volunteers and affiliates, from all liability, damages or claims resulting from, or arising from the use, distribution or disclosure of any photographs, films, newsletters, videotapes, websites, press releases or other information regarding Participant.

The Participant authorizes the release of any confidential protected health information, as defined by HIPAA 45 C.F.R. Parts 160 and 164. The Participant understands that this authorization is voluntary and that the information to be disclosed is protected by law. The information that is used and/or disclosed pursuant to this authorization may be re-disclosed by the recipient to any third party involved in program participation. Participant does also hereby covenant not to sue Casey Cares for any matter arising out of or connected with such release and/or disclosure of any confidential protected health information.

By initialing page one of the application, the Participant agrees and acknowledges that they have read and fully understand the terms hereunder. It is further understood that this Participation Waiver and Release contains the entire agreement between the Participant and Casey Cares. By initialing, you agree and acknowledge that you have fully read and understand this agreement.

*\*\*This page does not need to be returned to the foundation and may be kept for your records.*