



CONFIDENTIAL PURE IMAGINATION APPLICATION

COMPLETED APPLICATIONS SHOULD BE MAILED OR FAXED TO:

*Pure Imagination Charity
ATTN: Layla Gunn - Application Dept.
8295 Royal Melbourne Way
Duluth, Georgia 30097
FAX – 404.418.6964*

What is Pure Imagination?

Pure Imagination is a 501 (c) (3) non-profit organization which encourages GENEROUS CHILDREN to form lifelong friendships with other children that have faced some sort of life adversity, usually a chronic or terminal illness by SHARING EXPERIENCES - allowing these children to escape hospitals, protocols, intense scheduling and difficult daily challenges and EMBRACE HOPE by creating lasting memories beyond their imagination. This year round program is partially funded by local Atlanta children who are committed to helping other children. It focuses on Atlanta area attractions and will allow participants to establish lasting friendships with the generous children that help raise funds for this program and the hopeful children that are afforded a unique adventure because of these charitable children's efforts. Participants will experience local Atlanta attractions, events and venues that otherwise could not be afforded, and enjoy the gift of intimate family time together where the focus turns from living with an illness to creating lasting memories beyond their imagination.

Applicants will be notified within 30 days of receiving your application as to the status of your application.

Prior to completing this application, please refer to the following requirements:

- **The child you are nominating must be between the ages of 5 and 15 years old, or will be at the time the application is submitted.**
- **The child you are nominating has not frequented most Atlanta Area Attractions and venues such as the Georgia Aquarium, Fernbank Museum, Zoo Atlanta, Atlanta Botanical Gardens, Etc**
- **The child you are nominating has a wish to have a unique, exclusive experience an Atlanta Area attraction**
- **Without the help of Pure Imagination, the child/family you are nominating may not have the financial means available to afford visiting Atlanta Area Attractions.**

DO NOT STAPLE APPLICATION PAGES

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A parent or legal guardian must complete and sign this application

Date of Application: _____

Part 1: Nominated Child's Information

Name of Child: _____ Male or Female

Address of Child: _____

Street Address Apt. # City/State/Zip Code

Home Phone: _____ Birth Date: _____

Name of Child's School: _____

Grade Level: _____ Name of Child's Teacher: _____

T-Shirt Size: _____

Part 2: Parent or Legal Guardian's Information

Name of Person Completing Application: _____

Relationship to Applicant: _____

Address if Different from Child: _____

Street Address Apt. # City/State/Zip Code

Home Phone: _____ Cell: _____ Work Phone: _____ Email: _____

Other Parent/Guardian Contact Information:

Name: _____

Home Phone: _____ Cell: _____ Work Phone: _____ Email: _____

With Whom Does the Child Currently Reside: Both Parents ____ Mother ____ Father ____

Legal Guardian ____ Other ____

Is English the parents' first language? Yes ____ No ____

Name of Mother's Employer: _____

Name of Father's Employer: _____

Annual Household Income: _____

Emergency Contact Information – Someone other than parent/legal guardian listed above.

Name: _____

Home Phone: _____ Cell: _____ Work Phone: _____ Email: _____

Part 3: Information Regarding Child's Medical Condition

What is your child's diagnosis?

Please give a short description of your child's illness:

Please give a short description of the medical treatment/attention your child is currently receiving:

What do you have to do to care for your child?

Does your child have any travel restrictions? Yes ____ No ____ If yes, please explain: _____

Please list any medications your child is currently taking: _____

Does your child require special medical equipment such as: Wheelchair ____ Walker ____ Other ____

If your child requires a wheelchair, is it: Manual _____ Electric _____ Wheelchair Weight _____

Does your child require the wheelchair: All the time _____ For Distance Only _____

Does your child require oxygen? Yes ____ No ____ If yes: As needed: _____ Continuous _____

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Does your child require any specialized medical care that must be provided by a nurse or physician on a daily basis? Yes _____ No _____ If yes, please explain: _____

Name of child's primary care pediatrician: _____

Phone number of primary care pediatrician: _____

Name of specialists, nurses, therapists, and/or specialty clinics that regularly see your child:
Name _____ Phone Number _____

Part 4: Medical Insurance Information

Does your child have medical insurance? Medicaid _____ Private _____

If private, what is the name of your insurance provider? _____

Does your child receive any disability payments? Yes _____ No _____

Part 5: Family Information

Please list all family members who live in the same household with the applicant. **Only immediate household members will be considered to attend any Pure Imagination events :**

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>T-Shirt Size</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Besides the applicant, are there any other family members residing in the same household as the child with an illness or disability? Yes _____ No _____ If yes, please explain: _____

Part 6: Atlanta Area Attractions Information

Has your child ever visited:

- | | | | |
|--|-----------|----------|---------------------|
| Georgia Aquarium? | Yes _____ | No _____ | If yes, when? _____ |
| Fernbank Museum? | Yes _____ | No _____ | If yes, when? _____ |
| Zoo Atlanta? | Yes _____ | No _____ | If yes, when? _____ |
| Atlanta Botanical Gardens? | Yes _____ | No _____ | If yes, when? _____ |
| Sporting Events (Braves, Falcons, etc) | Yes _____ | No _____ | If yes, when? _____ |
| World of Coke | Yes _____ | No _____ | If yes, when? _____ |
| Fox Theatre | Yes _____ | No _____ | If yes, when? _____ |
| Imagine It! Children's Museum | Yes _____ | No _____ | If yes, when? _____ |

Please list all family members who have visited any of the above attractions (provide details):

Describe your child and families interests, activities, and hobbies:

What adventure(s) or Atlanta attraction(s) is your child most interested in experiencing? _____

Has your child ever received a trip, gift or benefit from any other organization? Yes _____ No _____

If yes, what has your child received? _____

Part 7: Specific Event Information - IF your child were accepted...

Would you be able to transport your child to Pure Imagination events? Yes _____ No _____

Would you be able to attend Pure Imagination events that occur during the week? Yes _____ No _____

Would a visit to Atlanta attractions be possible without the help of Pure Imagination? Yes _____ No _____

Does your child have any dietary restrictions or allergies? Yes _____ No _____

If yes, please explain: _____

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Do any other immediate family members have any dietary restrictions or allergies? Yes _____ No _____

If yes, please explain: _____

Have you submitted an application to Pure Imagination before? Yes _____ No _____ Year? _____

Part 8: Release

I hereby certify that the information I have provided in this application is true, correct and complete. I hereby authorize Pure Imagination Charity Inc., or anyone acting on their behalf, to investigate the statements made in this application, and any references provided herein, and further authorize the release of such information without liability to Pure Imagination Charity Inc., its affiliates and subsidiaries, and their respective officers, directors, employees, agents, successors, and assigns, or any person acting under their authority. I

HEREBY WAIVE, RELEASE AND DISCHARGE PURE IMAGINATION CHARITY INC., ITS AFFILIATES AND SUBSIDIARIES, AND THEIR RESPECTIVE OFFICERS, DIRECTORES, EMPLOYEES, AGENTS, SUCCESSORS, AND ASSIGNS, OR ANY PERSON ACTING UNDER THEIR AUTHORITY RELEASEES) FROM ANY LIABILITY ARISING FROM THE RELEASE OF SUCH INFORMATION, INCLUDING ANY LIABILITY THAT MAY ARISE FROM A NEGLIGENT ACT OR OMISSION OF RELEASEES.

Signature of Person Completing Application

Signature of Parent or Legal Guardian

Print Name of Person Completing Application

Print Name of Parent of Legal Guardian

Date

Date

DON'T FORGET TO:
COMPLETE THE TOP OF THE MEDICAL QUESTIONNAIRE (PAGE 6)
HAVE THE CHILD'S PHYSICIAN COMPLETE THE BOTTOM HALF OF THE MEDICAL QUESTIONNAIRE
HAVE THE PHYSICIAN FAX THE MEDICAL QUESTIONNAIRE TO PURE IMAGINATION
FAX # 404-418-6964

PLEASE MAIL COMPLETED ORIGINAL APPLICATION TO:
PURE IMAGINATION
ATTN: LAYLA GUNN - APPLICATION DEPT.
8295 ROYAL MELBOURNE WAY
DULUTH, GEORGIA 30097
Note: This application will be considered without regard to race, color, religion, national origin, sex, disability or marital status.

PURE IMAGINATION MEDICAL QUESTIONNAIRE

TO BE FILLED OUT BY THE CHILD'S PARENT/LEGAL GUARDIAN:

Name of child applying for Pure Imagination: _____

Name of parent/legal guardian: _____

Home Phone: _____ Cell: _____ Work Phone: _____

I CONSENT TO THE RELEASE OF MEDICAL INFORMATION TO PURE IMAGINATION CHARITY, UNDERSTANDING THAT PURE IMAGINATION WILL RESPECT THE CONFIDENTIAL NATURE OF THE INFORMATION GIVEN BY MY CHILD'S PHYSICIAN, _____ . (Physician's Name)

Signature of Parent/Legal Guardian

TO BE FILLED OUT BY THE CHILD'S PHYSICIAN:

What is Pure Imagination? *Pure Imagination is a 501 (c) (3) non-profit organization which encourages GENEROUS CHILDREN to form lifelong friendships with other children that have faced some sort of life adversity, usually a chronic or terminal illness by SHARING EXPERIENCES - allowing these children to escape hospitals, protocols, intense scheduling and difficult daily challenges and EMBRACE HOPE by creating lasting memories beyond their imagination. This year round program is partially funded by local Atlanta children who are committed to helping other children. It focuses on Atlanta area attractions and will allow participants to establish lasting friendships with the generous children that help raise funds for this program and the hopeful children that are afforded a unique adventure because of these charitable children's efforts. Participants will experience local Atlanta attractions, events and venues that otherwise could not be afforded, and enjoy the gift of intimate family time together where the focus turns from living with an illness to creating lasting memories beyond their imagination.*

PHYSICIAN: Your patient has applied to be a Pure Imagination participant. *If accepted* they will be invited to attend events a Atlanta Area attractions such as Georgia Aquarium, Fernbank Museum, Atlanta Botanical Gardens, etc. Please answer the following questions and fax this form to Pure Imagination. **FAX # 404-418-6964**

1. What is this child's primary diagnosis? _____
2. This is a: serious chronic illness _____ terminal illness _____ birth defect _____ impairment due to an injury or accident _____ Other (specify) _____
3. To the best of your knowledge, have they received any other trip, gift or benefit? Yes _____ No _____

4. Is it safe for this child to participate in and attend local Atlanta Attractions? Yes _____ No _____

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5. Is it likely this child will be able to comprehend and enjoy these events? Yes _____ No _____

6. Is this child able to travel for possible overnight trips? Yes _____ No _____

7. Does this child have any outdoor allergies? Yes _____ No _____

8. Pure Imagination participants may be invited to attend a variety of Atlanta area events – they may include outdoor exposure, overnight trips, exposure to water, etc. Please consider all possible scenarios in which this child may participate in local events and indicate any additional concerns or restrictions:

Signature of Physician

Date

**PLEASE FAX TO PURE IMAGINATION
404-418-6964**