



DIRECT CARE FOR KIDS APPLICATION

Please complete both sides of this application and mail it to:

Variety - The Children's Charity
ATTN: DIRECT CARE
1520 Locust Street, 2nd Floor
Philadelphia, PA 19102

Date: _____

Helped previously? (Yes or no) _____

If yes, when? _____

Patient's Name: _____

Date of Birth: _____

Address: _____

Father's Name: _____

Occupation: _____

Mother's Name: _____

Occupation: _____

Type of Health Insurance: _____

Diagnosis: _____

Request (please be specific): _____

Prescribed by: _____

Agency: _____

Address: _____

Phone: _____

Agency who referred you to us: _____



PHOTO CONSENT FORM

MUST BE SIGNED IN ORDER TO RECEIVE EQUIPMENT

I hereby give my consent to Variety - The Children's Charity, its officers, employees, agents, chapters, assignees, licensees, and corporate entities to use my child(ren)'s name, picture or portrait, writings, biographical information, audio and/or video tape recordings, and sound and/or silent motion pictures of me and my child(ren) _____, (who are under 18 years old) in any media event for editorial, educational, promotional, and/or advertising purposes, for the solicitation of contributions, and for any other purpose in the furtherance of the corporate purposes and objectives of Variety - The Children's Charity. This shall be binding upon myself, my children, heirs, executors, administrators, and/or assignees.

Signature of Participant: _____

Date: _____

Home Address: _____

Phone: _____

If participant is under 18 years of age, agreement must be signed by a parent or guardian.

Parent/Guardian Signature: _____

Date: _____