



2017 New Family Form

Family Last Name _____ Parent/Guardian First Names _____

Street Address _____ County _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____ Email _____

Preferred Language _____

Child with Cancer _____ Male/Female _____ Child's Date of Birth _____

Diagnosis _____ Diagnosed Date _____

Cancer Type: Bone Brain/CNS (Central Nervous System) Carcinoma Germ Cell Hepatic Leukemia
 Lymphoma Renal Retinoblastoma SNS (Sympathetic Nervous System) Soft Tissue Other _____

Hospital _____ Social Worker _____ Doctor _____

Current Status: Active Treatment Remission Treatment Start Date _____

	Siblings Name	Date of Birth	Male or Female
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____
#4	_____	_____	_____

I authorize my child's medical providers (Doernbecher Children's Hospital, Randall Children's Hospital, etc.) to disclose protected health information to Candlelighters, including hospitalizations and clinic appointments, as well as information pertaining to my child's medical condition.

Signature of parent/guardian _____ Date _____

Would you like a Candlelighters representative to contact you? Yes Not at this time

Candlelighters programs and services are free of charge to children and teens age 0 – 21 who have experienced cancer and their immediate family members. We offer a quarterly newsletter with information, family activities, events, resources and more. For further information about Candlelighters, please visit our website at www.4kidswithcancer.org.