



Administrative Office: PO Box 730, Tabernash, CO 80478
Aspen Event Office: PO Box 1308, Aspen, CO 81612
970-726-8009 888-679-3906 (fax) www.ShiningStarsFoundation.org

Bringing Hope to Children with Cancer and Life Threatening Diseases

Health & Social History Form for Shining Stars Foundation Programs
Filling out this form does not guarantee that you will be eligible to attend the SSF Programs

CHILD AND FAMILY QUESTIONS:

Family Name: _____

Primary Phone Number: _____

Mailing Address: _____

Parent/ Guardian Names(s): _____

Parent/ Guardian home phone number(s): _____

Parent/ Guardian cell phone number(s): _____

Parent/ Guardian work phone number(s): _____

Parent/ Guardian Email(s): _____

Parent/ Guardian Occupation(s): _____

Name of Child receiving/received treatment: _____

Nickname: _____ Birthdate: _____ Age: _____

Name of school child attends: _____

Name(s) and age(s) of Siblings:

Name of Other Family or Emergency Contact: _____ Relationship: _____ Phone #: _____

1. _____

2. _____

HEALTH QUESTIONS:

Child's Diagnosis: _____ DX Date: _____

Is your child currently in treatment? _____

Primary Care Physician & Phone Number:

Oncologist's Name & Phone Number (if applicable):

Hospital/Clinic where you receive treatment & their phone number:

Brief Treatment History:

Does anyone in the family have any dietary/allergy restrictions?

Does anyone in the family have any mobility or activity restrictions?

Do you have a website/webpage with updates on your child or family you would like to share with us?

Is either parent/guardian an active or former military service member? Yes _____ No _____

Anything else we should know about your child and family?

How did you hear about the Shining Stars Foundation? _____

Please return completed form to:

MAIL: PO Box 730 Tabernash, CO 80478

FAX: 888-679-3906 EMAIL: Office@ShiningStarsFoundation.org