



THE KRUEGER HAT TRICK FOUNDATION

New Patient Application

Child's Name: _____
First Middle Last

Alternative name (Nickname): _____

Birthdate: ____ / ____ / ____ **Age:** ____ **Male** **Female**

Home Address: _____
Street Apt #

City, State Zip Code County

Home Phone: _____

Cell Phone: _____ **Please Check:** **Father** **Mother** **Other**

Cell Phone: _____ **Please Check:** **Father** **Mother** **Other**

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 The Krueger Hat Trick Foundation (Krueger Hat Trick, Inc.) 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 Krueger Hat Trick Foundation 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 page 2 before returning to KHT Foundation.

KHT Office Use Only
New _____ Update _____



THE KRUEGER HAT TRICK FOUNDATION

New Patient Application

Child's name: _____

PHYSICIAN'S DOCUMENTATION

This medical evaluation is being completed and signed by _____
Please print

Hospital: _____ City / State: _____

Phone: _____ Fax: _____ Email: _____

Child's diagnosed CHD: _____

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

Is child on transplant list? Yes No

Is child's CHD critical and/or life-threatening? Yes No

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

Initial date of diagnosis: _____

Last surgery date: _____ Date of last office visit: _____

I am the primary physician for this child. The Parent(s) / Guardian(s) have full knowledge of child's diagnosis and are aware of how to handle medical emergencies. If Parent(s) / Guardian(s) adhere to physician's recommendations/instructions, there is no medical contraindication to patient's participation in The Krueger Hat Trick Foundation's programs and patient will not present medical risks to others.

Physician's Signature Date

SOCIAL WORKER / CHILD LIFE SPECIALIST INFORMATION

Name: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

Additional information about family: _____

Please tell us if you need more information about The Krueger Hat Trick Foundation guidelines or programs.

Social Worker / Child Life Specialist's Signature Date

When completed please forward to:

The Krueger Hat Trick Foundation

Email: hello@thekht.org | Subject: New Patient Application – [Last Name]

PO Box 725, New Windsor, MD 21776 | Phone: 443-848-8416



THE KRUEGER HAT TRICK FOUNDATION

KRUEGER HAT TRICK, INC. **PARTICIPATION WAIVER AND RELEASE**

In consideration of being allowed to participate in one or more of the programs or other offerings provided by Krueger Hat Trick, Inc. a Maryland 501(c)(3) non-profit organization ("Krueger Hat Trick") (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 Krueger Hat Trick, 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 of intentional misconduct of Krueger Hat Trick or otherwise. The Participant does also hereby covenant not to use Krueger Hat Trick for any matter arising out of or connected with the Programs. The Participant does release and absolve Krueger Hat Trick, 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 Krueger Hat Trick 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 Krueger Hat Trick permission to use any photographs or video event that may be used for publicity. Krueger Hat Trick may use this information: (1) in all manner and media whatsoever; whether now or hereafter invented, including electronic 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 Krueger Hat Trick, 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 Krueger Hat Trick 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 Krueger Hat Trick. 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.