



" Harnessing the spirit of generosity to help Campbell River families and their children when they need it most."

Application for Assistance

Please complete and fax to our office at 250.850.0166

Applicant Information - please print

Child's Name: _____
Last Name First Name Middle

Sex: _____ Age: _____ Date of Birth: _____
Year Month Day

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent or Guardians:

Last Name First Name Last Name First Name

Siblings:

First Name First Name First Name First Name

Health Information: *To be completed by a healthcare professional or attach a letter from your healthcare professional.*

Diagnosis / Medical Condition: _____

Estimated Length of Stay / Treatment: _____
Start Date End Date

Treatment Location: Victoria Vancouver Other _____
Please Specify

Healthcare Professional: _____
Please Print Name

Signature: _____ Date: _____

Personal Information

Cameryn's Cause for Kids Society takes your family's right to privacy very seriously. Personal information will not be disclosed to anyone for business or commercial purposes.

Testimonials

Cameryn's Cause for Kids Society is a non-profit organization that relies on the donations of the community in order to be able to help families such as yours.

In order to help raise funds and make sure that families in need know of the society's ability to help, from time-to-time Cameryn's Cause for Kids Society is grateful to have testimonials from families that the society has helped.

These testimonials would be used for promotional items such as media stories, brochures and the society's website.

Yes, we would be willing to share our family's experience for purposes consistent with the above.

No, we are not willing to share our family's experience for purposes consistent with the above.

Signature: _____
Parent/Guardian

Name: _____
Please Print

Date Signed: _____