



## Application for the Battle for a Cure Foundation Facebook Sharing Program

**(This form is to be completed by the child's PARENT/LEGAL GUARDIAN ONLY – PLEASE PRINT)**

Fighter's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male Female

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

This application is for Facebook Updates ONLY:

Facebook Updates

(By checking this box allowing us to post your child's updates to our Facebook page, you are giving us permission to post prayer requests, pictures and information about your child to our public Facebook page for all to see. Your address will NEVER be shared by our organization.)

My Child's Caringbridge/Facebook/Other Link: \_\_\_\_\_

**(This form will NOT be accepted unless you check the box and agree to the statement below.)**

By signing this application, I am agreeing to ALL of the following:

- Possible publication of my child's name, medical history and photos by the Battle for a Cure Foundation.
- I am allowing my child's medical professionals and the Battle for a Cure Foundation permission to share medical information about my child.

\_\_\_\_\_  
\*Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Application for the Battle for a Cure Foundation Facebook Sharing Program  
MEDICAL INFORMATION**

**(This form is to be completed by your child's MEDICAL PROFESSIONAL ONLY.)**

Fighters Name: \_\_\_\_\_

Child's Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe the child's current medical condition:

\_\_\_\_\_  
Name and Title (Please Print) Signature

\_\_\_\_\_  
Date Social Worker's Email Address

**\*Please make sure this ENTIRE Application is complete before submitting it.  
Incomplete applications will NOT be accepted.**

For questions or concerns please email [Amanda@battle4acure.org](mailto:Amanda@battle4acure.org)  
**Please mail completed application (both pages) to the address below:**  
**Battle for a Cure Foundation**  
**402A W. Palm Valley Blvd. #101**  
**Round Rock, TX 78665**