



Uniting Children's Health with the Arts

Portrait Connection Portrait Referral Form

Refer a Child & Family

The Portrait Project accepts Referral Forms at any time throughout the year. Please allow 2-3 weeks for your referral to process. If you have any questions please contact: theteam@portraitconnection.org. Please see our website for specific eligibility guidelines: www.portraitconnection.org

Child's Information:

Child(s) Name: _____

Street Address: _____

Gender: _____ Age: _____ Date of Birth: _____

Medical Condition: _____

Family Information:

Parent(s) or Guardian(s) Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Number of Siblings: _____ Sibling's Names _____

How will a portrait add to this family's experience? _____

Parent's Name Printed: _____

Parent Signature: _____ Application Date: _____

Photographs: (Required upon acceptance to the program)

Please submit 3-5 high-resolution photographs of the child to be used for the portrait with this application. Photographs MUST be clear, good quality photos that show the child in a happy, casual pose. Please include at least 1 close-up of the child's face that depicts eye color and facial details. High-quality photos are required for artists to be able to produce outstanding portraits. If the child attends school and has a recent school photograph, that often provides a clear picture of the child, and should be included among the photos. Photos must be attached to an email and sent after acceptance in the program to: theteam@portraitconnection.org

Additional Information:

Please provide any additional information that you believe would be helpful to the referral process on an attached page.

Please submit page 1 of completed Application Form and Medical Eligibility Form to: theteam@portraitconnection.org

For more information please visit: www.portraitconnection.org



Medical Eligibility Form

Parent/Guardian: Please sign below and have your child's physician or medical professional complete and sign the bottom section. The physician or medical professional must be a licensed in your state and have direct knowledge of the child's medical condition.

I authorize my child's medical professional to release the information requested on this form regarding my child's medical condition to Portrait Connection.

Parent/Guardian Signature

Date

Physician/Medical Professional: Please complete the information below for the patient identified above and indicate your determination by checking the appropriate box.

Physician/Medical Professional Name:

Hospital or Practice Affiliation:

Phone Number: _____ Email: _____

Address: _____

Patient's Diagnosis: _____

- Patient is eligible based on diagnosis.** I am familiar with the patient's physical condition and will attest that he or she has a life-threatening medical condition that is considered progressive, degenerative, or malignant and that he or she is within 2 years of his or her most recent treatment.
- Patient is eligible based on hospitalizations.** I am familiar with the patient and will attest that he or she requires frequent or extended hospitalizations and is within 2 years of his or her last inpatient stay.
- Patient is not eligible.** I am familiar with patient's physical condition, and the patient is not medically eligible at this time.

Physician/Medical Professional Signature

Date



Photo Release for Minors (if under 18)

Portrait Connection has my permission to use my child's or dependent's images and voice recordings in photographs, video, and recorded sound bites to publically promote its programs and services. I understand that the images and sounds may be used in print publications, online publications, presentations, websites, videos, social media, and other forms of media available today or in the future. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name (Print): _____

Child's Name (Print): _____

Phone Number: _____

Email Address: _____

Address: _____

Photo Release for Adults

Portrait Connection has my permission to use my images and voice recordings in photographs, videos, and recorded sound bites to publically promote their programs and services. I understand that the images may be used in print publications, online publications, presentations, websites, videos, social media and other forms of media available today or in the future. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature: _____ Date _____

Name (Print): _____

Phone Number: _____

Email Address: _____

Address: _____