



American Childhood Cancer Organization (ACCO)
Inland Northwest

P.O. Box 8031 Spokane, WA 99203 | Hospital Office 509-474-2759 | Admin Office 509-443-4162
office@accoinlandnw.org www.acco.org/inlandnw

NEW FAMILY MEMBERSHIP AND RELEASE FORM

Patient Information

Today's Date

Child's Name M F Date of Birth

Diagnosis/Cancer type Date of Diagnosis

If Known: Cancer Stage Clinical Trial Phase

Oncologist Name Oncologist Phone

*A separate signed release for physician's confirmation may be required.

Interests/Hobbies/Favorite Toys/Team/Activities/SuperHero

ACCO Comfort Kit Received (Y/N) Additional Materials Received

Family Information

Child's Address: Parent/Guardian 1 or 2?

1) Parent (or Guardian) Name

Address County

City State Zip Home Phone

Cell Phone Email Address

2) Parent (or Guardian) Name

Address (if different) County

City State Zip Home Phone

Cell Phone Email Address

Preferred Contact Method: Email Phone Text Other

Siblings

(Specify if last name is different, continue on back if necessary)

Name Date of Birth M F

Name Date of Birth M F

Name Date of Birth M F

Any other information to help us serve you better:

Information Release

If you do NOT wish to receive any communications from us about our services or events through e-newsletter, email, or mail, please Initial Here

I hereby authorize my child's treating oncologist and/or medical team to confirm with ACCO and its affiliates my child's diagnosis, current condition and ways that ACCO and its affiliates can assist my child and family. This does not authorize the release of medical records.

Signature of Parent/Guardian

Printed Name and relationship of signer

Signature of Patient if over 18 years old

ACCO compiles demographic information in a national database for the sole purpose of gathering national statistics about childhood cancer. Information is never sold. Renewable three-year membership