Becoming a Barbara Bush Children’s Hospital Miracle Family

What is a Barbara Bush Children’s Hospital Miracle Family?
A Miracle Family is a family that has benefited from the services at the children’s hospital, and is willing to speak about their experience(s) at a variety of different children’s hospital events. A Miracle Family’s primary function is to create awareness and help raise funds for The Barbara Bush Children’s Hospital through a variety of different outlets.

Why are Miracle Families Important to The Barbara Bush Children’s Hospital?
By sharing your experience, you’re providing a first-hand account of the impact that our state-of-the-art children’s hospital has on the community. Your story will inspire members of our community to support the children’s hospital! The more support BBCH receives from the community, the more resources we can devote to advancing the care that is provided by The Barbara Bush Children’s Hospital.

What are the responsibilities of a Barbara Bush Children’s Hospital Miracle Family?
The Barbara Bush Children’s Hospital holds many fundraising events and works with numerous sponsors throughout the year. As a representative of the children’s hospital, Miracle Families will be asked to participate in one or more of the following events and activities:
• The Cares for Kids Radiothon and Telethon
• Dairy Queen Miracle Treat Day
• Children’s Hospital Sponsor Visits
• The BBCH Open
• The Color Run
• Represent the hospital at a variety of community events including walks, pig roasts, garage sales, grand openings, bake sales, etc.

Miracle Family Criteria
To become a Barbara Bush Children’s Hospital Miracle Family we ask that you fit the following criteria:
• Have had a recent experience with The Barbara Bush Children’s Hospital (including Mother & Baby, NICU, PICU and the BBCH in-patient unit)
• Are willing to share your story on behalf of the children’s hospital at a variety of different events, including media events.
• Be willing to allow us to use your story in a variety of ways including social media, web and print.

Benefits of Becoming a Miracle Family
• Teach your child(ren) the importance of supporting their community and giving back.
• An opportunity to give back to an organization that has supported your family.

Contact Us!
Please email GetInvolved@mmc.org for more information regarding The Barbara Bush Children’s Hospital Miracle Family program.
For more information regarding our fundraising events and sponsors please visit us online at www.bbch.org.
What is a Barbara Bush Children’s Hospital Miracle Family?

A Miracle Family is a family that has benefited from the services at the children’s hospital, and is willing to speak about their experience(s) at a variety of different children’s hospital events. A Miracle Family’s primary function is to create awareness and help raise funds for The Barbara Bush Children’s Hospital through a variety of different outlets.

Patient Information

Today’s Date ______________

Name of Child: _________________________________       Child’s Date of Birth: ____/_____/______

Reason for Visit to Hospital:  ____________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

What doctor(s), nurses and other BBCH staff are you/have you worked with?  _____________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Child’s Interests/Hobbies:______________________________________________________________________

Any additional information that you would like to share?: _____________________________________________
____________________________________________________________________________________________

Parent/Guardian/Parent Information:

Parent/Guardian Name(s): ______________________________________________________________________

Address: ____________________________________________________________________________________

Best Daytime Phone #: __________________________   Cell Phone #: _________________________________

Email Address: ______________________________________

Siblings’ Names & Ages (if applicable): ____________________________________________________________

*If possible, please attach a photo of your child and family for use in social media, web and print materials.

Thank you!