



## Congratulations on the birth of your baby from the Down Syndrome Association of Delaware.

The **DSA of DE** is a not-for-profit 501(c)(3) organization made up of parents, professionals and individuals interested in gaining a better understanding of Down syndrome. With more than 500 members, the DSA of DE is a resource promoting public awareness, education and advocacy supporting individuals with Down syndrome and their families. We offer monthly educational opportunities for parents and educators, a network of Outreach members to support families receiving a new diagnosis of Down syndrome, support the Down Syndrome Clinics at Nemours Children's Hospital and Christiana Care, host a Buddy Walk, and many other social events, programs and opportunities for families and advocates for individuals with Down syndrome.

**DSA of DE's Outreach** program offers a connection to another parent. Our Outreach parents are an invaluable source of information and support for families receiving a diagnosis of Down syndrome. **DSA of DE** offers each new family two complimentary books and a new parent packet as well.

Due to privacy concerns, the hospital cannot share your information with the **DSA of DE** without your permission. If you would like to connect with us, please complete the following information:

I grant permission to \_\_\_\_\_ Hospital to release my name, address, phone number and baby's name and date of birth to **the Down Syndrome Association of Delaware (DSA of DE)** so that I may be contacted and authorize such contact by the **DSA of DE**.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name** (please print):

\_\_\_\_\_

**Address** (street, city/town, state, zip):

\_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Baby's name:** \_\_\_\_\_ **Baby's date of birth:** \_\_\_\_\_

I hereby release \_\_\_\_\_ Hospital, **DSA of DE** and their employees from any and all liability for any and all such claims or damages which may at any time result on account of compliance with this authorization. I also acknowledge that I am the parent or legal guardian of this baby.

**I am requesting** (please check all that apply):

- To be added to the DSA of DE mailing list and have the books and parent packet mailed to my home
- A phone call within 24 hours from an DSA of DE Outreach mom
- A phone call within 24 hours from an DSA of DE Outreach dad
- A phone call within 24 hours from a Spanish-speaking Outreach parent

Please mail, email or FAX this form to: DSA of Delaware, P.O. Box 747, Middletown, DE 19709

Phone: (302) 995-1004 FAX: (302) 351-2703  
www.dsadelaware.org info@dsadelaware.org