



Request for connection with the Prenatal Parents Outreach Program Down Syndrome Association of Delaware (DSA of DE)

DSA of DE Prenatal Parents Outreach program offers expectant families accurate, up-to-date information as well as the opportunity to connect with a parent who also received the diagnosis of Down syndrome prenatally. These parents are available 24/7 to listen, answer questions, and provide accurate information.

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

I grant permission to _____ (Hospital or Medical Professional) to release my name, email and/or phone number 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): Optional

Home phone: _____ Cellphone: _____

E-mail: _____

I hereby release _____ (Hospital or Medical Professional), 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 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: Down Syndrome Association of Delaware, P.O. Box 747,
Middletown, DE 19709 Phone: (302) 995-1004 FAX: (302) 351-2703

www.dsadelaware.org info@dsadelaware.org