



Congratulations on the birth of your baby From the Silicon Valley Down Syndrome Network (SVDSN)

The **SVDSN** is a group of families with children born with Down syndrome and it is a program of Valley Medical Center Foundation who is a 501(c)3 non-profit organization. We come from all walks of life, and our common goal is to provide a community of support for individuals with Down syndrome and their families. Our primary focus includes supporting new families when they receive diagnosis; reaching out to educate the community at large; organizing activities for children and adults with Down syndrome; and providing ongoing support and education to our families.

SVDSN Parents First Call program offers a connection to another parent. Our First Call parents are an invaluable source of information and support for families receiving a diagnosis of Down syndrome. **SVDSN** offers each new family five complimentary books and a new parent packet as well.

Due to privacy concerns, the hospital cannot share your information with the **SVDSN** 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 Silicon Valley Down Syndrome Network (SVDSN)** so that I may be contacted and authorize such contact by the **SVDSN**.

Signature: _____

Date: _____

Parent's 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, **SVDSN** and their members 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 SVDSN mailing list and have the books and welcome package mailed to my home
- A phone call within 24 hours from an SVDSN First Call mom
- A phone call within 24 hours from an SVDSN First Call dad
- A phone call within 24 hours from a Spanish-speaking SVDSN First Call mom
- A phone call within 24 hours from an other language { _____ } speaking SVDSN First Call mom

**Please mail, email this form to: SVDSN c/o VMC Foundation, 2400 Clove Drive, San Jose CA 95128
Phone (408)673-0775**

www.svdsn.org

svdsnwelcome@gmail.com