



**PRENATAL**

**Request for connection with the Prenatal Parents First Call Program  
Silicon Valley Down Syndrome Network (SVDSN)**

**SVDSN Prenatal Parents First Call** 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 **SVDSN** 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 **Silicon Valley Down Syndrome Network (SVDSN)** so that I may be contacted and authorize such contact by the **SVDSN**.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print):  
\_\_\_\_\_

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

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

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

I hereby release \_\_\_\_\_ (Hospital or Medical Professional), 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 am requesting*** (please check all that apply):

- Accurate, up-to-date written information about Down syndrome*
- A phone call within 24 hours from an SVDSN Prenatal First Call mom*
- A phone call within 24 hours from an SVDSN Prenatal First Call dad*
- A phone call within 24 hours from a Spanish-speaking First Call parent*
- A phone call within 24 hours from an other language { \_\_\_\_\_ } speaking First Call parent*

**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](http://www.svdsn.org)

[svdsnwelcome@gmail.com](mailto:svdsnwelcome@gmail.com)