



**Congratulations on the birth of your baby!**  
**From the Virginia Down Syndrome Association (VDSA)**

VDSA is a nonprofit organization made up of parents, professionals and anyone interested in gaining a better understanding of Down Syndrome (DS). **We proudly serve Richmond, Charlottesville, Williamsburg, Fredericksburg, and the Central Shenandoah Valley.** With more than 650 member families, VDSA services parents, educators, healthcare professionals, and individuals with Down syndrome. We offer a wide variety of programs and services. Here are a few...

- Social programs for all individuals with Down syndrome ages from infant to adult
- Education meetings for parents and the community
- Dads Appreciating Down Syndrome
- Mom's Night Out and Annual New Moms Brunch
- Summer Employment Academy for teens
- Community engagement scholarships for individuals with DS
- Annual education conference for parents and educators
- Step UP for DS 5K & Family Festival
- And much more

**VDSA's First Call program** offers a connection to another parent. Our First Call parents are an invaluable source of information and support. VDSA offers each new family a complimentary new parent packet containing books and a variety of other gifts to welcome your baby.

Due to privacy concerns, the hospital cannot share your information with VDSA 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 Virginia Down Syndrome Association (VDSA) so that I may be contacted and authorize such contact by the VDSA.

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

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

Address (street, city/town, state, \_\_\_\_\_

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

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

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

I hereby release \_\_\_\_\_ Hospital, VDSA and their employees from all liability for 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 VDSA mailing list and have the parent packet mailed to my home
- A phone call within 24 hours from a VDSA First Call mom
- A phone call within 24 hours from a VDSA First Call dad
- A phone call within 24 hours from a Spanish-speaking First Call volunteer

Please FAX this form to: 800-725-1549 (VDSA)

Address: 1504 Santa Rosa Road, Suite 124, Richmond, VA 23229 Phone (804) 447-4713

[www.VirginiaDSA.org](http://www.VirginiaDSA.org)

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