



**Sharing Down Syndrome Arizona**  
745 N. Gilbert Rd. # 124  
Gilbert, AZ 85234  
**FAX 480-926-6145** Office: 480-926-6500  
[www.sharingds.org](http://www.sharingds.org)

### **Family Waiver/Release of Information**

Sharing Down Syndrome Arizona provides support, information, resources, training and assistance to parents of children with who have Down syndrome. We also host parent support meetings to educate, empower but especially give hope to parents who have a child with Down syndrome. **All programs and services are offered free of charge** in both English and Spanish, at all ages and stages of a child's development.

By providing the following information, and a signature, parents are giving permission to initiate contact between Sharing Down Syndrome Arizona the family you are referring for services. Upon receiving your referral, the family will be contacted within 48 hours in most cases, or immediately for urgent matters. All information is treated as confidential and will not be released to outside organizations or individuals. Sharing Down Syndrome Arizona conducts 100% follow-ups on all referrals.

I, \_\_\_\_\_ am referring the following family to Sharing Down Syndrome Arizona for support and services:

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

Printed Name \_\_\_\_\_

Agency / Org.: \_\_\_\_\_

Phone: \_\_\_\_\_

Best time to call \_\_\_\_\_

#### **Family Information** (please print)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City / Zip Code \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Diagnosis/Special Needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Family Waiver / Release of Information**

I hereby give permission to my care provider to release information to Sharing Down Syndrome Arizona. I understand I can expect a phone call within a few days of this referral.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_