

**NICU All-Star**

**Submission Form**

Thank you for allowing Holding Tiny Hands to highlight your NICU All-Star! By submitting a completed form, you release Holding Tiny Hands of all liability associated with the use of your story and/or pictures. Your trust in our mission is important to us, so we will make a good-faith attempt to contact you when we use your story and/or pictures.\* Please email form and your favorite “then & now” pictures to Susan Selby, susan@holdingtinyhands.org.

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| **Parent Information** | **Child Information** |
| **Name of Parent**  Click to enter your name | **First name of your NICU All-Star** (we will never use your last name unless you would like us to)  I would like and give permission to use both my and my child’s last names  Click to enter child information |
| **Address**  Click to enter address |
| **Phone**  Click to enter phone number |
| **Email**  Click here to enter email address | **Reason for NICU stay (check all that apply):**  Preterm Birth  Other health condition  Comments:  Click to enter reason for NICU stay |
| **Signature**  Click to enter first and last name  Your digital/typed signature on this line substitutes your hand-written signature. |
| **Date** Click the arrow add a date | **Gestation at birth**  Click to enter the number of weeks baby was at birth |
| **\*In what ways can Holding Tiny Hands use your story and/or pictures?**  General promotional purposes (e.g. brochures and other print materials, annual report, fundraisers, audio/visual materials)  Website  Social Media (e.g., Instagram, Twitter, Facebook) | **Birth weight**  Click to enter birth weight |
| **Birth length**  Click to enter birth length |
| **How else would you like to be involved?**  Write a testimonial about Holding Tiny Hands or a hospital staff member  Volunteer: Click [here](https://www.holdingtinyhands.org/volunteer) for volunteer opportunities! | **Length of NICU stay**  Click or tap here to the length of NICU stay |
| **Name and location of Hospital**  Click or tap here to enter name/location of hospital |
| **Comments**  Click to add comments | |

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| **Your Story** (optional)  (It’s your story, so it can be as short or as long as you’d like.)  Click here to enter your story |