

**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 namesClick 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 conditionComments:Click to enter reason for NICU stay |
| **Signature**Click to enter first and last nameYour 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 |