



## OUR KIDS SUBMISSION FORM

Please fill out the information below and sign the Media Release Form. You may send a one page story about your child's life with liver disease and attach a 3 x 5 color photo of your child. All forms, story and photo should be sent to Diane Sumner, 25379 Wayne Mills Place, Suite #143, Valencia, CA 91355. Remember all photos and stories submitted to C.L.A.S.S. become the property of C.L.A.S.S. and will not be returned.

### Personal Information

Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Sibling's Names/Ages \_\_\_\_\_

Child's Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_ Secondary Diagnosis \_\_\_\_\_

Procedures/Surgeries (include dates) \_\_\_\_\_

Transplant Date(s) \_\_\_\_\_ Type of Transplant **split liver** **cadaver** **living related**  
(circle one)

**other** \_\_\_\_\_ Clinic/Transplant Center \_\_\_\_\_

### Contact Information

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Website Address \_\_\_\_\_

All information contained on this form is true and complete to the best of my knowledge. I understand that the information provided will be used by a C.L.A.S.S. representative/volunteer for various forms of media included but not limited to the website, brochures, newsletters, etc. I give C.L.A.S.S. permission to use this information as needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*\*Form must be signed by a parent or legal guardian only.*