



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.*