



NICU Parent Buddy Program

Consent

The Parent Buddy Program will match and partner you with a parent of a NICU baby who faces similar challenges. As a participant in the program, you agree to release the following information to your buddy.

Name _____

Address _____

Gender _____

Baby's gestation
and challenges _____

How would you like to be contacted by your buddy?

- Home phone _____
 email address _____

cell phone _____

Your signature below confirms your understanding that your buddy will need to discuss any serious safety and welfare concerns about you with your health care team.

Signature _____

Date _____