harrisonslittlewings.org.au

## Family Information/Consent Form

**Information about Harrison's Little Wings Inc Practical support program**

**Harrison's Little Wings Inc objectives are:**

To provide practical support to families who suffer a Congenital Abnormality during pregnancy or are diagnosed with a 'high risk' pregnancy. (a high risk pregnancy is one in which some condition puts the mother, the developing foetus, or both at higher than normal risk for complications during or after the pregnancy and birth.) As much support as a resources can permit.

Surname; ……………………………………………………………………….

Mothers Name: …………………………………………………………….

Fathers Name: …………………………………………………………….

Address: …………………………………………………………………………..

Suburb: …………………………………………………………………………

State: …………………………………………….. Postcode: …………………………………………….

Telephone: …………………………………………………………………

Mothers Mobile: …………………………………………………………….

Fathers Mobile: …………………………………………………………….

Email:……………………………………………………………………………………………

Babies Name: ……………………………………………………………

Estimated Due Date: …………………………………………………………

Intended Hospital: …………………………………………………………………….

Diagnosis: ………………………………………………………………………………………

Other Siblings:

Name: ……………………………………………………… Age: ……………………….

Name: ……………………………………………………… Age: ………………………..

Name: ……………………………………………………… Age: ……………………….

Support Person: ……………………………………………… Contact Number:…………………………

# Practical Support Consultation-Stage One

What support are you requiring?

○ Meals

○ Babysitters

○ Cleaning

○ Yard Maintenance

○ Counselling

○ Memory Keeping

○ Other:

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………….

# Religion if Applicable

What Religion are you? ……………………………………………………………………………….

Church representative/Pastors Name: …………………………………………………………

Phone Number: ……………………………………………………………………………….

Do you give us permission to contact this person if required? ○ Yes   ○ No

If you do not have a chosen church representative/Pastor would you like us to contact a person within your religious denomination? ○ Yes   ○ No

**Harrison's Little Wings Inc is not affiliated with any religious domination this is a Practical Support Service that we offer to our families.**

◯ Please tick if you give permission for Harrison's Little Wings to share your details to companies that we contract work out to, to provide you support services.

**Terms and conditions of our Practical Support:**

Each family is assessed on a case by case basis, there may be some circumstances where approval may not be granted for our Practical support program.

I acknowledge that we have read the Terms and Conditions of Harrison's Little Wings Inc Practical Support program, and I will provide all information deemed necessary. I acknowledge that I may not be eligible for Harrison's Little Wings Inc Practical Support Program.

Mothers Name: …………………………………………………………..

Signature: ……………………………………………………………

Date: …………………………………………………………………….