

**YOUNG PERSONS WITH MS:**  
**A NETWORK FOR FAMILIES WITH A CHILD OR TEEN WITH MS**

**Informational Form**

(to be completed by parent or guardian)

Today's date: \_\_\_\_\_

**PARENT INFORMATION**

Parent name(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone numbers: Mother (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Father (H) \_\_\_\_\_ (W) \_\_\_\_\_

**CHILD INFORMATION**

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Month/year of diagnosis: \_\_\_\_\_

Does he/she reside at same address as above? Yes \_\_\_ No \_\_\_

If not, his/her current address: \_\_\_\_\_

Child's grade in school: \_\_\_\_\_

List other household members: \_\_\_\_\_

**EMAIL GROUP**

Please use my email above to register me for the Network Email Group so I can receive emails from other families living with children or teens with MS.

\_\_\_\_ Yes \_\_\_ No

*\*Your email address is kept completely confidential unless you choose to share it.*

I give my permission to the manager of the FAMILY SUPPORT NETWORK to share my contact information with my local National MS Society Chapter so I can learn more about local programming and opportunities.

\_\_\_\_ Yes \_\_\_ No

For more information or to join the Family Support Network, please contact or forward your form to:

Susan Gass  
Special Project Consultant  
National MS Society  
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Omaha, NE 68106

[susan.gass@cox.net](mailto:susan.gass@cox.net)

1-866-KIDS W MS (1-866-543-7967)