

North Carolina Division of Social Services Safe Surrender Health and Information Form

The purpose of this form is to collect relevant health and history information for an infant who is being safely surrendered by their parent. This form is optional, and a surrendering parent is not legally obligated to provide any information about themselves or the child. Any information provided may assist in preparing an appropriate plan of care for the child. A surrendering parent must be provided with information regarding their rights regarding immunity and confidentiality with a Safe Surrender.

Infant's Birth History

Given Name: _____

Date of Birth: _____ Weight: _____ Length: _____

Time of Birth: _____ Location of Birth: _____

Gestation in weeks: _____ Term Preterm

NICU or Surgeries: Yes No; If Yes, please describe: _____

Mother's Pregnancy

Prenatal Care: Yes No; If Yes, please describe: _____

Pregnancy Risks or Concerns: Yes No; If Yes, please describe: _____

Birth Complications/Traumatic Birth: Yes No; If Yes, please describe: _____

Child's Demographics

Reported Age at Surrender: _____

Race: _____ Ethnicity: _____

Ongoing Medical/Developmental Concerns: Yes No; If Yes, please describe: _____

Safe Surrender Professional Information

Name: _____

Occupation: _____ Work Station: _____

Contact Information: _____

General Physical Appearance at Surrender: _____

Any Observable Concerns: Yes No; If Yes, please describe: _____

Did the Surrendering parent receive an informational brochure? Yes No

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Parent 1 Characteristics Name: _____

INDICATE: Mother Father Other Legal Parent; Describe: _____

Biological Parent: Yes No Age: _____ Height/Weight: _____

Race: _____ Ethnicity: _____ Eye Color: _____

Hair Type/Color: _____ Other Distinguishing Characteristics: _____

Eye Correction: Yes No; If Yes, please describe: _____

Dental Correction: Yes No; If Yes, please describe: _____

Medical Conditions or Allergies: Yes No; If Yes, please describe: _____

Mental Health Conditions: Yes No; If Yes, please describe: _____

Personality Description: _____

What additional information would you like to share with your child such as favorite things, hobbies, or talents? _____

Does your child have living siblings or other relatives such as aunts/uncles or grandparents? Yes No; If Yes, please describe: _____

Biological Family History of Medical/Mental Concerns: Yes No; If Yes, please describe and indicate relationship of the relative to the child: _____

Parent 2 Characteristics Name: _____

INDICATE: Mother Father Other Legal Parent; Describe: _____

Biological Parent: Yes No Age: _____ Height/Weight: _____

Race: _____ Ethnicity: _____ Eye Color: _____

Hair Type/Color: _____ Other Distinguishing Characteristics: _____

Eye Correction: Yes No; If Yes, please describe: _____

Dental Correction: Yes No; If Yes, please describe: _____

Medical Conditions or Allergies: Yes No; If Yes, please describe: _____

Mental Health Conditions: Yes No; If Yes, please describe: _____

Personality Description: _____

What additional information would you like to share with your child such as favorite things, hobbies, or talents? _____

Does your child have living siblings or other relatives such as aunts/uncles or grandparents? Yes No; If Yes, please describe: _____

Biological Family History of Medical/Mental Concerns: Yes No; If Yes, please describe and indicate relationship of the relative to the child: _____

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Parent 3 Characteristics Name: _____

INDICATE: Mother Father Other Legal Parent; Describe: _____

Biological Parent: Yes No Age: _____ Height/Weight: _____

Race: _____ Ethnicity: _____ Eye Color: _____

Hair Type/Color: _____ Other Distinguishing Characteristics: _____

Eye Correction: Yes No; If Yes, please describe: _____

Dental Correction: Yes No; If Yes, please describe: _____

Medical Conditions or Allergies: Yes No; If Yes, please describe: _____

Mental Health Conditions: Yes No; If Yes, please describe: _____

Personality Description: _____

What additional information would you like to share with your child such as favorite things, hobbies, or talents? _____

Does your child have living siblings or other relatives such as aunts/uncles or grandparents? Yes No; If Yes, please describe: _____

Biological Family History of Medical/Mental Concerns: Yes No; If Yes, please describe and indicate relationship of the relative to the child: _____

NC DHHS Safe Surrender Information Site and Additional Information:

<https://www.ncdhhs.gov/assistance/pregnancy-services/safe-surrender>

[Information for Women in Crisis](#)

[What the Law Says About Safe Surrender](#)

[Safe Surrender Parent Information Brochure](#)

Additional Forms

Parents may utilize these forms to provide more in-depth medical history. If they wish to complete it at a later time, direct them to mail forms to the local Department of Social Services where the infant is being surrendered.

- NC DSS 5102 [Non-Identifying Background Information](#)
- NC DSS 5103 [Adoption Health History](#)