



NEWBORN WAIVERS

Newborn Screening Waiver:

I have read the newborn screening information pamphlet and I have had the opportunity to ask questions, and have received satisfactory answers. I understand that my midwife fully recommends this screen. I feel informed and fully understand and accept the risks associated with waiving the newborn screening test for my child.

Signature_____Date_____

Witness_____Date_____

Eye Prophylactic Waiver:

I have been informed about the benefits and/or risks associated with the use of erythromycin antibiotic eye ointment for the prophylactic use in my child's eyes. I have had the opportunity to ask questions, and have received satisfactory answers. I understand that my midwife fully recommends the use of eye prophylaxis for my newborn. I feel informed and fully understand and accept the risks associated with waiving eye prophylaxis for my child.

Signature_____Date_____

Witness_____Date_____

Vitamin K Waiver:

I have been informed about the benefits and/or risks associated with injectable Vitamin K as prevention for newborn hemorrhagic disease. I have had the opportunity to ask questions, and have received satisfactory answers. I understand that my midwife fully recommends this form of Vitamin K as the most effective in prevention of newborn hemorrhagic disease. I feel informed and fully understand the risks associated with waiving injectable Vitamin K for my child.

Signature_____Date_____

Witness_____Date_____