

CONSENT – ADMISSION OF SUPPORT PERSON TO OPERATING ROOM FOR CESAREAN SECTION DELIVERIES

The undersigned hereby apply for permission of the support person, _____, to be present in the Labor and Delivery/Operating room with _____ during Cesarean Section. In support of such application, the undersigned represent and agree as follows:

1. That he/she has been fully advised of and understands the conditions surrounding childbirth/C-Section.
2. That he/she follow all instructions from the attending obstetrician, pediatrician, and anesthesiologist and nursing personnel of the Delivery/Operating Room, and will do nothing which in the sole judgement of that person would interfere with the proper patient care there.
3. That if he/she presence in the Delivery/Operating Room at any time appears to be prejudicial to the care of the patient or the functioning of the hospital, he will leave at once on request.
4. That they release Hackettstown Community Hospital and the physicians and nursing personnel in attendance in Delivery/Operating room of all claims with respect to injury or damage sustained by him/her in or about the Delivery/Operating Room.
5. That the mother to be observed in childbirth understands the above statements and approves of his/her attendance.

Date

Witness

(Signed)

Support Person

(Signed)

Patient