

Tree of Life Midwifery Care - Lisa Black, LM, CPM - 214-394-5687

RELEASE OF RESPONSIBILITY

I, _____, am requesting the services of Lisa Black, CPM, LM to assist me during my pregnancy, birth and postpartum period. I understand that she is an apprentice trained midwife documented in the State of Texas and a certified through the North American Registry of Midwives (NARM). I understand that Lisa Black, CPM, LM is not a registered nurse, certified nurse midwife, or a physician.

I understand that I am expected to be well informed and take responsibility for reading and educating myself.

I understand that in the event that, Lisa Black, CPM, LM is for any reason unable to attend my prenatal checkups, my birth or postpartum check ups that she will provide a fully qualified replacement at no extra charge to me.

I understand that student midwives may accompany as an assistant to my primary midwife, but I further understand that at no time will I be left in the care of someone untrained. I hereby release Lisa Black and any assistants or apprentices from any and all responsibility beyond the routine monitoring of my condition and my baby's condition during pregnancy, labor or birth.

Date _____

Mother's Signature _____

Father's Signature _____

EMERGENCY CONSENT

I, _____, do hereby agree to emergency medical treatment in the event of necessity, which is to be performed by a qualified doctor and/or hospital. I understand that my attendant will be a midwife, who only performs normal, natural vaginal deliveries and cannot be held responsible for emergencies occurring beyond her limitations. I also understand that I am to be solely responsible for any and all hospital/physician, ambulance, medication, etc. fees which should occur if a transport becomes necessary.

Print Name of Expectant Mother

Signature of Expectant Mother/Date Signed

Signature of Midwife