

Tree of Life Midwifery Care
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PROPHYLACTIC ANTIBIOTIC WAIVER FORM

I, _____, decline the administration of Erythromycin antibiotic ointment for my newborn eyes within two hours of my baby's birth. This ointment does not burn the baby's eyes, but can cause some temporary blurriness that will resolve. I have been informed that the purpose of the antibiotic ointment is to kill sexually transmitted diseases such as gonorrhea and other bacteria that can be picked up in the birth canal. I also understand that it is a state law that the antibiotic ointment be administered to my newborn's eyes by my midwife and I take full responsibility for the outcome by signing this waiver.

Parent: _____ Date: _____

Midwife: _____ Date: _____