

Patient Name: _____

Date of Birth: _____

Medical Record #: _____

Place Patient Label

BAR CODE LABEL

RUSH UNIVERSITY MEDICAL CENTER
Chicago, Illinois

OBSTETRICAL RELEASE FORM

1. We, the undersigned, are the parents of an unborn baby to be delivered at Rush University Medical Center. We acknowledge that Dr. _____ is following the pregnancy of the undersigned mother and providing medical care to both the mother and unborn baby.
2. We further acknowledge that the above-named physician has evaluated the mother's and unborn baby's condition and has determined that it is medically advisable that the following occur:

Parent(s) should initial relevant box(es), based on physician's indication.

M.D./D.O. M F

 To eliminate or reduce possible adverse health consequences to the unborn baby, delivery of the unborn baby proceed by cesarean section rather than vaginal delivery.

 To eliminate or reduce possible adverse health consequences to the unborn baby, the mother refrain from the following activities:

 To increase the best possible outcome as to the health of the unborn baby, the mother adhere to the following schedule of prenatal visits:

 To eliminate or reduce possible adverse health consequences to the unborn baby and/or the mother, the mother permit the following medical and/or diagnostic procedures be performed.

3. The above-named physician and medical consultants have explained to us and we understand the following:

- A. The nature of the recommendation(s) identified in paragraph 2 above.
- B. The purpose of and need for following the recommendation(s).
- C. The possible alternatives to the recommendation(s).
- D. The probable consequences to the mother and/or the unborn baby of not following the recommendation(s).

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4. After careful deliberation of all of the above, we nevertheless decline to accept or follow the recommendation(s) and personally assume the risks and consequences of our refusal.
5. On behalf of ourselves and our unborn baby, we agree to release the above-named physician, such physicians which may have been consulted in this case, and Rush University Medical Center, its officers, directors, employees and agents individually and collectively from liability and to indemnify, defend and hold them harmless from all claims, liabilities, demands, damages, costs and expenses, including attorney's fees and cost of defense, for any and all injuries or damages either to the mother or the unborn baby which may result directly or indirectly from our refusal to follow the recommendation(s).
6. Furthermore, on behalf of our unborn baby and as his/her parents and guardians, we agree that the release and indemnification described in Paragraph 5 above shall apply to our unborn baby.
7. We have read this document and fully understand its terms and implications.
8. We understand that this direction and consent may be revoked by informing Rush University Medical Center or the physicians identified in this document about our intention to revoke this direction. However, such revocation shall not render the release and the indemnification and hold harmless provisions ineffective against any claim, liabilities, damages, costs or expenses that may be directly or indirectly attributable to the initial refusal or failure to comply with the above-identified recommendations.

Signature of Mother Date: _____

Signature of Father Date: _____

WITNESS:

WITNESS:

Signature of Witness Date: _____

Signature of Witness Date: _____

Instructions to Physician: This Obstetrical Release Form should be signed by the unborn baby's father and the pregnant woman who is refusing to comply with medical advice.

I hereby certify that I informed the mother and the father of the unborn baby that it would be in the best interest of the unborn baby that they comply with the identified medical recommendations. I have also explained to the mother and father of the unborn baby the risk and benefits associated with compliance. In spite of my recommendations and encouragement to the parents that they comply with these medical recommendations for the benefit of their unborn baby and/or their own benefit, the parents have refused or failed to follow them.

_____, M.D./D.O. Date: _____
(Physician)

If either or both parent(s) not only refuse(s) the recommended procedure(s)/treatment or to comply with the medical advice but also refuse(s) to sign this form, the following should be completed.

_____ was provided with the information referred to in paragraphs 2 and 3 on the reverse side but nevertheless refused the recommended procedure(s)/treatment or to comply with the medical advice referred to in paragraph 2 on the reverse side and furthermore refused to sign this form documenting his/her refusal.

Date: _____ Time: _____ a.m./p.m.

Signature of Person Receiving Refusal