

McLAREN FLINT
Newborn/Labor and Delivery Declination

This is to certify that I, _____, the parent of a patient at McLaren Flint, instruct that the stated procedure(s) below not be performed:

PROCEDURE(S) REFUSED:

- Vitamin K
- Hepatitis B Vaccine:
Refusal Reason _____
- Erythromycin
- Other

The medical risks and benefits have been explained to me by a member of the medical team and I understand the refusal of care can be harmful to my newborn and could result in death/or permanent disability.

I release McLaren-Flint and all health care workers; directly or indirectly involved in my care, from any medical and/or liability claims resulting from my decision to refuse of care against medical advice.

Signature of Parent or Legal Guardian

Relationship

Date/time

Witness Information

Signature: _____ Printed Name: _____
Date/Time: _____

