

Informed Refusal for Treatment
Newborn/Labor and Delivery
McLaren Flint

The medical risks, benefits and alternatives of the following treatments have been explained to me by my physician.

- Vitamin K
- Hepatitis B Vaccine:
- Erythromycin
- Other

Refusal Reason _____

I understand that refusing the offered treatments can be harmful to my newborn and could result in death/ and or permanent disability.

I hereby voluntarily and knowingly assume any and all risks of personal injury or illness which my child may incur related to my refusal of the offered treatments. I expressly waive, release, discharge and hold harmless McLaren-Flint , McLaren Healthcare Corp, its associates, agents, and board members from and against any and all liability for personal loss, damage, injury, illness or claims of any nature whatsoever.

By way of signature I hereby acknowledge this refusal of treatment.

Child's Full Name

Parent/Guardian Signature Date/Time

Witness Signature Date/Time

820b

