

I _____ will leave my baby _____
as a Nursery/NICU boarder patient until discharged by the doctor. I have been instructed on the purpose
of the ID bracelets, and to not cut or remove it from my wrist.

Print Name: _____ Relationship to Patient: _____

Signature: _____ Date: _____

Witness _____ R.N. Date: _____

CONTACT INFORMATION:

Home Phone: _____ Mobile Phone: _____

Other Contact Numbers: _____

Residential Address: _____

NOTE: PLEASE DRAW A MAP TO YOUR HOUSE AT THE BACK OF THIS FORM.

Complete this section when newborn is discharged from the Nursery Department:

Date Received Baby: _____

Name of Person Receiving Baby: _____ Relationship: _____

Signature of Person Receiving Baby: _____

Witness _____ R.N. Date: _____

NURSERY/NICU BOARDER CONSENT

Patient ID

Guam Memorial Hospital Authority

Reviewed/Revised: 09/2018; Approved: NM (8/18); Peds (09/18); MEC (09/18); HIMC (09/18)

Form # 002