

I _____ will leave my baby
_____, as a Nursery/NICU boarder 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.

Mother's Signature: _____ Date: _____

WITNESS _____ R.N. DATE: _____

MOTHER'S 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 NEWBORN: _____ RELATIONSHIP: _____

SIGNATURE OF PERSON RECEIVING NEWBORN: _____

Witnessed: _____ R.N. Date: _____

NURSERY/NICU BOARDER CONSENT

Guam Memorial Hospital Authority

Reviewed/Revised:

Stock #

Form #