

# Prenatal Colostrum Expression Consent Agreement

This agreement (“Agreement”) is entered into on the date of signing below, between \_\_\_\_\_ (hereinafter referred

*(please print patient's name)*

to as “Patient”) and **Sun & Moon Lactation** (hereinafter referred to as “Provider”) to clarify the Patient’s understanding and voluntary participation in prenatal colostrum expression.

## 1. Eligibility and Acknowledgement of Medical Permission.

The Patient hereby confirms that they are at least 36 weeks pregnant and have received explicit permission from their healthcare provider, specifically an Obstetrician/Gynecologist (OB/GYN), to engage in prenatal colostrum expression. This consent has been obtained after appropriate medical evaluation, and any potential risks and benefits have been discussed between the Patient and their OB/GYN.

## 2. Assumption of Risk

The Patient acknowledges that while prenatal colostrum expression can be beneficial, there are potential risks associated with this practice, including but not limited to the possibility of preterm labor or other complications.

The Patient acknowledges that they are aware of these risks and understand them.

## 3. Voluntary Participation

By signing this agreement, the Patient confirms that they are choosing to engage in prenatal colostrum expression voluntarily, with full knowledge of the risks involved. The Patient agrees that they will assume all responsibility for their health and well-being while engaging in this practice.

## 4. Indemnification and Release of Liability

The Patient agrees to release and hold harmless Sun & Moon Lactation, its consultants, employees, and agents from any liability, claims, or demands that may arise from the Patient’s decision to engage in prenatal colostrum expression. The Patient assumes all legal and personal responsibility for any outcome or consequence associated with this practice.



**Sun & Moon Lactation**

## **5. Voluntary Participation**

The Provider does not guarantee any specific outcome or result from prenatal colostrum expression. The Provider is not liable for any complications, health issues, or other outcomes that may result from the Patient's voluntary participation in prenatal colostrum expression.

## **6. Entire Agreement**

This Agreement constitutes the entire understanding between the Patient and the Provider regarding prenatal colostrum expression and supersedes any prior agreements, understandings, or representations, whether oral or written, related to this subject.

## **7. Governing Law**

This Agreement shall be governed by and interpreted in accordance with laws of the State of California.

### **Signatures:**

#### **Patient:**

By signing below, I, \_\_\_\_\_, confirm that I have read, understand, and agreed to the terms of this Agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Provider (Sun & Moon Lactation):**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This Agreement is legally binding. It is recommended that the Patient retain a copy for their records and consult with their healthcare provider if any concerns arise regarding prenatal colostrum expression.*



***Sun & Moon Lactation***