

## **CONSENT FOR RECEIVING DONOR MILK**

I, \_\_\_\_\_ parent/guardian of baby \_\_\_\_\_ admitted at

Hospital NICU has been advised by the treating doctor that my baby needs breast milk for better nutrition and growth.

How ever the baby's mother is presently unable to provide her own breast milk.

I understand that there are currently no known risks related to the use of pasteurized donor human breast milk. However risks may possibly exist which cannot be detected by current technology.

Knowing and Understanding everything I give my approval to use pasteurized donor human breast milk from the Amaara Breast Milk Bank at Fortis La Femme Hospital for my baby.

Signature of parent/guardian  
Relation to the baby:  
Date:

Signature of Milk Bank Personal

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**An initiative by**

