

## **CONSENT FORM FOR DONORS**

I, \_\_\_\_\_ W/O \_\_\_\_\_ by my own free will  
want to donate my breast milk to the Amaara human breast milk bank at  
Fortis La Femme hospital, GK2, New Delhi.

It is a completely voluntary donation from my side purely for altruistic  
reasons and no money is being paid for this service.

I am obligated to notify the Human Breast milk bank of any illness/disease  
and medicine/drug being taken by me and would be prepared to undergo  
any tests/investigations if required.

I understand that my milk would be used for needy infants as identified by  
the Human Breast Milk Bank and there is no obligation on the Breast Milk  
Bank to return me my breast milk.

Signature of Donor:

Name of Donor:

Date:

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**An initiative by**

