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Erythromycin Eye Ointment Declination Form

I request that erythromycin eye ointment for the treatment of newborn eye protection not be performed on _____ prior to discharge from Jamii Birth & Wellness Services LLC.

I refuse erythromycin eye ointment, which is used for the prevention of chlamydia and gonorrhea infections and to protect my infant size from bacteria that can cause infection and, in some cases, permanent injury. I have been informed that this treatment is required by the state of Virginia in accordance with Virginia State law.

I am aware that this action is not consistent with the medical standards for newborns as recommended by the American Academy of Pediatrics and/or other health care professional groups, and it's against the advice of my infant's midwife. I have been informed of the purpose and benefits of the erythromycin eye ointment for the treatment of the newborn I protection and the risk and complications that may result from refusal of Erythromycin administration for my infant.

I hereby release Jamii Birth & Wellness Services LLC., its employees, staff, and midwives from liability for any harm or other consequences related to my refusal of erythromycin eye ointment for my infant I agree and accept responsibility for informing my infants pediatrician and other health care providers that administration of erythromycin eye ointment has not been performed.

Parent or Authorized Personnel Signature:

Parent (or authorized person) _____
Print Name _____
Date & Time (24 hours)

Witness to Parent or Authorized Personnel Signature:

Witness Signature _____
Print Name _____
Date & Time (24 hours)