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Vitamin K Declination Form

I request that the administration of Vitamin K for the prevention of bleeding disorders not be performed on _____ prior to discharge from Jamii Birth & Wellness Services LLC.

I refused administration of Vitamin K, which prevents bleeding disorders. I have been informed that administration of Vitamin K is recommended by both the Center for Disease Control (CDC) and the American Academy of Pediatrics (AAP). Understand that Vitamin K deficiency can cause severe bleeding, which if it occurs in the baby's brain will cause permanent brain damage to my baby.

I am aware that this action is not consistent with the medical standards for newborns established by the CDC and the AP and is against the advice of my Midwife. I have been informed of the purpose and benefits of the Vitamin K administration and the risks and complications that might result from refusal of Vitamin K administration for my infant.

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

I have read this document in its entirety, had the opportunity to ask questions, and fully understand it.

Nevertheless, I have decided at this time to decline administration of vitamin K injection for my newborn. I know that failure to follow this recommendation by the CDC and AAP may endanger the health and life of my baby.

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)