



Donor Breast Milk Consent Form

MUST ATTACH DONOR'S LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct visit patient label

CONSENT FORM

Interpreter: Yes No

Name of Interpreter: _____ Language: _____

DONOR MILK CONSENT FORM

I, _____ have been given information on donating breast milk.

I agree to have a health screen and blood screen as recommended by a qualified practitioner (neonatologist, midwife, lactation consultant). Yes / No

I have been given information on the safe expression and storage of breast milk. Yes / No

I understand that all information will be strictly confidential and kept within my notes. Yes / No

I understand at any time I can withdraw the use of my milk. Yes / No

I give my consent to use my breast milk for _____

Signed: _____ Date: _____

Witness: _____ Date: _____
(name) (signature)

D
O
N
O
R

B
R
E
A
S
T

M
I
L
K

C
O
N
S
E
N
T

F
O
R
M

CR2258