

# OBSTETRICAL VISITOR

I, \_\_\_\_\_, agree to and request that \_\_\_\_\_,  
(patient name) (visitor name)  
be present in the delivery room for my birthing process.

I, \_\_\_\_\_, recognize that the process of childbearing is a natural  
(visitor name)  
human function. I understand that the procedure may be psychologically traumatic and that sudden and unexpected problems may arise as a direct or indirect consequence of pregnancy and birth.

If such problems do occur, I realize that I may be ordered to vacate the area, and I agree to do so immediately, without question.

I accept full and complete responsibility for myself. Should I become incapacitated, I understand that the health care providers will be focusing on the birthing patient and will not be available to provide care for me.

I agree to hold harmless any and all health care providers and the facility from any injury that I may incur during the procedure, and I further agree that I will not pursue any legal action against any of the health care providers or the facility.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Visitor Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_ copy given to patient  
initial

\_\_\_\_\_ original placed in chart  
initial