



www.newenglandmothersfirst.com

Guardian's Signature Form for Infant Treatment

This portion is Consent for Infant Treatment and Care:

By signing here, you are consenting to treatment for all visits beginning with your infant's first visit with New England Mothers First.

Infant's First Name *

Infant's Last Name *

Infant's DOB *

Guardian's Name *

Signature *

This is Optional Consent:

This is for Consent of Photography and Data Collection: (Yes or No) *

(This is separate from signature for consent to treat) (If any photo is collected with consent, it is discussed again prior to using pictures or video captured).

Disclaimer: This consent form includes all medical visits, beginning with the initial visit, with New England Mothers First.