



Affix Patient Label	
Patient Name:	Date of Birth:

OB Delivery Room Attendance Agreement

I would like to be present in the delivery room / cesarean operating room at Bronson Battle Creek Hospital/Bronson Methodist Hospital during the delivery of _____ with their permission and with approval from the nurse midwife or doctor.

- I understand this is a privilege granted to me by the hospital.
- I understand that only one support person is allowed in the operating room and may / may not be me.
- If I am present during a cesarean delivery, I must leave the room promptly when the baby is taken out of the room.
If I am told to leave earlier I need to do so right away.
- The attending doctor or nurse midwife, the anesthesiologist, their assistants, the hospital and its staff are not responsible for any negative effects to me or the patient related to my being present at the delivery.

Signature of Visitor: _____ Date: _____ Time: _____

Signature of Patient: _____ Date: _____ Time: _____

Interpreter's Statement: I have interpreted the text on this form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

Witness: _____ Date: _____ Time: _____