



Affix Patient Label	
Patient Name:	Date of Birth:

Parent to Feed Banked Breast Milk Agreement

What is Banked Breast Milk?

Bronson’s Mothers’ Milk Bank provides pasteurized (heat-treated) breast milk. The milk is donated by healthy women who are nursing their own babies and have extra milk to donate to the milk bank. The donors are carefully screened. They don’t receive compensation. The milk from several donors is pooled and heat-treated. The heat treatment kills all known viruses and bacteria. Before the milk is dispensed it is tested to make sure it does not contain bacteria.

Why this is Important?

Breast milk is the preferred nutrition for all infants, especially premature or sick infants. There are times when a mother cannot provide breast milk for her baby. That is almost always the case during the first few days after birth because it usually takes a minimum of two days for the mother’s milk to come in, and often it takes much longer. During that time, the baby receives the colostrum the mother provides. By providing addition (banked) breast milk, we stimulate the baby’s stomach and provide valuable nutrition. Also, mothers who have been pumping successfully sometimes experience a decline in their milk supply. We can bridge that gap and supplement with donated milk from the milk bank. In cases where maternal breast milk is unavailable, infants can receive the benefits of donated breast milk from the milk bank as discussed with your provider.

Your Approval

We would like to feed your baby donated, heat-treated breast milk from the milk bank. The alternative to banked breast milk is formula. By signing below, you acknowledge that you have been informed about banked breast milk and all your questions have been answered.

I am in agreement that my baby _____ should be fed banked
Print baby’s first name and last name
 breast milk provided by Bronson’s Mother’s Milk Bank.

Parent/Legal Guardian Signature: _____ Date: _____ Time: _____

Print Name of Parent/Legal Guardian: _____ Relationship to Baby: _____

Witness Signature: _____ Date: _____ Time: _____

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

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