



Battle Creek



**Affix Patient Label**

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I hereby request to be present in the delivery room at Bronson Battle Creek BirthPlace during the delivery of \_\_\_\_\_ with her  
(Patient's Name)  
permission and the discretion of the attending physician. 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 that person may/may not be me. If I am present during a cesarean delivery I understand that I must leave the operating room promptly when baby is taken out of the room or earlier if instructed to do so.

I do hereby release the attending physician, the anesthesiologist, their assistants, the Hospital and its personnel from any responsibility whatsoever for any untoward results or ill effects to me or the patient due to my being present at the delivery.

Visitor Name: \_\_\_\_\_

Signature of Visitor: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_