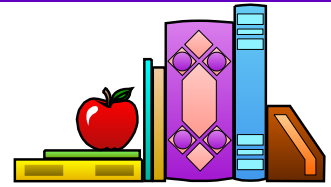


Permission to Supplement the Breastfed Infant



I agree that it has been explained to me about supplementing my baby and I have had been asked if I have any questions regarding the need or my request for my breastfed infant to be supplemented. This includes the benefits and possible risks involved.

I consent to the supplementation of my infant for the following medical condition*,
_____, using the supplement circled below.

I request that my infant be supplemented for the following personal reason,
_____, using the supplement circled below.

Supplements:

- Mother's own expressed colostrum or breastmilk
- Pasteurized human milk (donor breastmilk)
- Cow's milk formula (Similac, Enfamil, Good Start)
- Soy based formula (Isomil, Prosobee)
- Protein hydrolysate formula (Alimentum, Nutramigen)
- Other: _____

Method of supplementation:

- Infant feeding cup
- Supplemental tube at the breast
- Infant feeding bottle
- Other: _____

Baby is to be supplemented _____ times.

Date_____

Signature of Parent _____

Signature of Witness _____

*Acceptable medical conditions, such as:

- Mother is in critical or unstable condition
- Mother has to temporarily not breastfeed due to the effect of a medication, treatment or test
- Infant is a Late Preterm or Preterm Infant
- Infant has low or falling blood sugars
- Infant who has jaundice that is not getting better with just more frequent breastfeeding
- Infant has clinical signs of dehydration, such as decreased amounts of urine, increased levels of sodium, or weight loss greater than 10 %