

SAMPLE

**INFORMED CONSENT FORM FOR INTERNATIONAL BOARD CERTIFIED
LACTATION CONSULTANT CARE OR TREATMENT**

I acknowledge that [IBCLC] has explained to me that (I am) (I may be) (my baby is) (my baby may be) suffering from/affected by:

and has recommended the following medical care or treatment:

I acknowledge that the following information has been provided to me:

Purpose of the care/treatment: _____

Alternative forms of care/treatment: _____

Risks of recommended care/treatment: _____

Risks of alternative care/treatment: _____

Risks of not undergoing care/treatment: _____

I further acknowledge that I have had full opportunity to discuss this information with [IBCLC] and hereby consent to the following lactation consultant care or treatment:

Date

Patient/Client or Person Authorized to Consent for Patient/Client

Date

Witness