



**Rotary Community  
Breast Milk Bank**

SURNAME.....	NHI.....
FIRST NAME.....	DOB.....
ADDRESS.....	
BABY'S NHI .....	ETHNICITY.....

**Consent by recipient parent/guardian for use of donor breast milk:**

Breast Milk is the ideal milk for babies. The Rotary Community Breast Milk Bank aims to provide some donor breast milk to babies and mothers who meet our recipient criteria, generally up until the baby is six weeks old. We hope this short-term gift of donor milk will support the continuation of breastfeeding. *Tick*

I have read the information about the Rotary Community Breast Milk Bank	
The importance of pasteurised breastmilk has been explained to me	
The potential risks of pasteurised donor breastmilk have been explained to me	
I am aware that the donor mother has been carefully screened for infectious diseases such as Hepatitis B, Hepatitis C, HTLV 1 & 2, and HIV and has been asked questions about her general health and lifestyle	
I have been given information on the collection, storing, freezing, pasteurisation, and bacterial testing processes that donor milk undergoes.	
I am aware that all information relating to the donor mother will be kept confidential except her unique ID number. I am also aware that I will not receive any personal information relating to the donor mother and her family, including their identities.	
I am aware that all Information collected in relation to my baby's use of donor milk could be shared between the Rotary Milk Bank, CDHB and will be placed on my baby's general medical record.	

This donor breast milk has been obtained, stored, transported, processed, and pasteurised under conditions that facilitate high standards of health and safety. Breast milk can carry viruses and bacteria but donor screening, safe transport, storage of milk, freezing, sample testing, and pasteurisation should eliminate risk.

I am satisfied with the information I have been given and all my questions have been answered to my satisfaction by the person witnessing this form.

I am aware donors sign confirming that they have not had any medications other than occasional Paracetamol or Thyroxine.

By signing this form, the recipient adult recognises that all risks cannot always be entirely eliminated and the use of donor breast milk supplied by the Rotary Community Breast Milk Bank remains the ultimate responsibility of the parent, guardian, or care giver.

Name of recipient baby:.....

Name of parent/guardian:.....

Signature of parent/guardian:.....Date:.....

Name of witness:.....

Signature of witness:.....Date:.....