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Placenta Medicine Waiver

Name (Mother)	EDD	Contact Person After Birth	
Phone (Mother)		Phone (Contact)	
E-mail (Mother)		E-mail (Contact)	
Address (Mother)			Hospital Name

I have asked Mandala Midwifery to prepare my baby's placenta as medicine for my own personal use and take full responsibility for my own health, researching its safety and consuming the remedies.

I request the placenta be processed into:

❑ Capsules Only (3-7 days) ❑ Tincture Only (6-7 weeks) ❑ Capsules AND Tincture

Please select the appropriate box:

❑ I am NOT planning a homebirth with Mandala Midwifery or Awakenings Birth Services and the fee for this service is $250.

❑ I am planning a homebirth with Mandala Midwifery or Awakenings Birth Services.

The fee is 5% of my Birth Services fee, but no more than $250 and no less than $150.

My Birth Services fee is $_____. Therefore the Placenta Processing fee is $_____.

_____ I understand that I am responsible for dropping off and picking up my placenta capsules and tincture, unless I pay Mandala Midwifery for this additional service, or have planned a homebirth with Mandala Midwifery.

The fee is $25 for each trip made within certain areas of the Bay Area. Regions outside the designated area, may require an additional $25-100 fee depending on the location and will be noted verbally or in writing. The decision for this service can be made after the birth.

❑ By checking this box I declare I have a nut sensitivity or allergy. Please note: this facility processes nuts of all kinds. If there is an allergy, it may not be appropriate to work with Mandala Midwifery.

I initial here _____ ensuring it is safe for Mandala Midwifery to move forward and process the placenta.

As a condition of this service, I make the following assertions and agreements:

_____ My placenta does not contain any transmittable diseases such as Hepatitis B, C, or HIV/AIDS

_____ My care provider and I will determined that my placenta is healthy and suitable for consumption.

_____ I will ensure the placenta has been cared for and handled in a manner appropriate for safe food preparation.

_____ Mandala Midwifery views each placenta as a sacred connection between mother and child and will treat it accordingly. I will not hold Mandala Midwifery responsible if my placenta is accidentally damaged during the processing or if the processing does not result in my ability to consume it.

_____ Mandala Midwifery does not determine whether my placenta is suitable for consumption and makes no guarantee of my personal results from the consumption.

I release and hold harmless Mandala Midwifery, including Esther Healey, any assistants or processors, from any and all liability for any effects I may experience and outcomes after choosing to consume my placenta.

Client (Please Print) *Signature* *Date*