Placenta Edibles Form



Waiver of Liability

I (Birthing Person) understand and acknowledge that in accordance to the Florida Drug and Cosmetic Act, Chapter 499 Florida Statutes, choosing to encapsulate my placenta is not intended to prevent or treat any physical or mental diseases, ailments or symptoms, and that I am choosing to consume my placenta due to my personal beliefs. I also understand that my placenta specialist is not a doctor or pharmacist and is acting as a personal chef. I acknowledge that A Peaceful Birth Services has provided me with concrete information about both the benefits and risks of placenta encapsulation, and I have read all included documents. I understand that my placenta will be handled and encapsulated according to OSHA and Florida Food Safety and



Handling Standards, and will be prepared in a sanitary and sterile work space by a Certified Independent Encapsulation Specialist (CIES). Upon receiving my placenta capsules, I waive any and all rights to hold A Peaceful Birth Services responsible for any undesired side effect of consuming the capsules. I have provided A Peaceful Birth Services with blood documentation stating that I have been tested for STD's and the results were negative. I understand that A Peaceful Birth Services retains confidential blood work records for each client. I understand that upon receiving my pills, A Peaceful Birth Services is no longer liable for any other person(s) ingesting my placenta capsules.

| By signing | below, I | agree to | these | terms | and | conditio | ns: |
|------------|----------|----------|-------|-------|-----|----------|-----|
| | | | | | | | |
| | | | | | | | |

Additional Information: PLEASE READ CAREFULLY

BLOODWORK: Please send me a copy of your blood work (STD and HIV status only); your caregiver will be happy to provide it to you. I can not pick up your placenta without first having your blood work.

TALK TO YOUR CAREGIVER: Talk to your Caregiver **BEFORE** birth and make sure he/she understands that you will be using your placenta for consumption postpartum and that is not to be disposed of or contaminated.

STORAGE: After you have delivered the placenta, it should be immediately placed in a large, labeled Ziploc bag or container, then immediately refrigerated or placed in a cooler full of slushy ice. It is your responsibility to make sure it is stored properly and that your medical team does not dispose of or contaminate the placenta.

PICK- UP: Call between the hours of <u>8am and 8pm</u> for placenta pick up, which will be at the hospital or your home. <u>For placenta pick up at area hospitals</u>: To maintain mother's privacy I ask that a partner or loved one bring the placenta to me at the hospital entrance. **DELIVERY:** I will deliver your capsules within 72 hours (3 days).

CANCELATION POLICY: If placenta services are not performed: hospital staff misuse, maternal fever in labor, or clients inability to communicate with provider, \$100 retainer will be held for supply purchases. The remainder fee will be refunded.

| I have | read | and | understar | nd the | informat | ion pro | vided | above |
|--------|------|-----|-----------|--------|----------|---------|-------|-------|
| | | | | | | | | |
| | | | | | | | | |

www.APeacefulBirthDoula.com
<u>APeacefulBirthDoula@gmail.com</u>
352.278.7898