

CLIENT PERMISSION FOR APPRENTICE CARE

I am aware that _____ is an apprentice midwife under the supervision of _____, a preceptor with the Association of Texas Midwives' Midwifery Training Program. The Midwifery Training Program is a basic midwifery education course approved by the Texas Department of Health Midwifery Board. I have contracted with _____, as Primary Caregiver for my maternity care and realize she/he is ultimately responsible for providing appropriate care and intervening and implementing the care provided by the apprentice midwife. I give consent for _____, Apprentice Midwife, to participate in my care as my Primary Caregiver deems appropriate. I willingly participate in the hopes that this aspiring midwife will develop a confidence in the necessary skills to insure that other women will have an option to give birth outside the hospital with a caring, safe midwife.

Client's signature _____ Date _____

Apprentice's signature _____ Date _____

Preceptor's signature _____ Date _____