

Affix continuation sheets here, and number them 14.1, 14.2 etc

Cut off along the dotted line

Procedures (analgesia, anaesthetic, operative delivery etc)

Date/ Time	Procedure	Indication	Benefits and risks	Care provider should sign following discussion with mother
				Discussed with mother <input type="checkbox"/>
				Signed *
				<input type="text"/>
				Discussed with mother <input type="checkbox"/>
				Signed *
				<input type="text"/>
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				Signed *
				<input type="text"/>
				Discussed with mother <input type="checkbox"/>
				Signed *
				<input type="text"/>

* Signatures must be listed on page I for identification

Name
Unit No