



JENNY'S
CHILDBIRTH SERVICES

Placenta Encapsulation Waiver

916-517-5142

- Remind your caregivers that you want to keep your placenta
- Call when me you're in labor or soon after baby is born
- Put placenta in Ziploc bag or Tupperware and on ice immediately
- Best to encapsulate within the first 3 days
- If you're in the hospital, a family member/friend can bring it to your home refrigerator
- You can leave home door unlocked, have someone there or tell me where the key is.
- Once we decide on a day to encapsulate, I'll come to your home in the morning to start the process, will put it in dehydrator for the day and come back at night to finish it up.
- I'll need the payment before I leave that day, you can also send me payment beforehand to Jenny's Childbirth Services 16862 Piper Lakes Circle Apt. 308, Grand Haven, MI 49417

I, _____ understand that in acknowledgement of placental practices, 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 for my own personal beliefs, whether it be spiritual or cultural. I also acknowledge that there are no statewide regulations preventing me from obtaining and encapsulating my placenta in my home.

I understand that my placenta has been handled and encapsulated according to Michigan Food Safety and Handling standards, and has been cleaned, cooked, dehydrated and put into pill form in a sanitary work space. Upon receiving my placenta capsules from Jenny Duhm and Jenny's Childbirth Services, I waive any and all rights to hold the specialist responsible for any undesired effect of consuming the capsules.

I understand that upon receiving the pills, Jenny Chandler and Jenny's Childbirth Services is no longer liable, including but not limited to any other person(s) ingesting my own placenta capsules.

I agree to pay Jenny's Childbirth Services \$200 to encapsulate my placenta, before or the day the encapsulation takes place.

X _____ Mother Date: _____ Due _____

Date: _____
Street Address, City, State, Zip Code Phone Numbers (Home/Cell)