

Postpartum Doula Agreement

This is a very edited sample of the Doula Contract. It is apx. 9 pages and extremely detailed. It has been reviewed by multiple lawyers. Nancy Hamm is a contract specialist, she drafts and reviews agreements to ensure clear, fair, and mutually beneficial terms for all parties involved, even though she is not a licensed attorney.

This agreement between _____, P.P.D. hereinafter ("Postpartum Doula") and _____ ("Client") is entered in to this ___ day of ___, 20__

The address at which the Postpartum Doula will be fulfilling her contract is:

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email address _____

1. PURPOSE OF THE AGREEMENT

The purpose of this Agreement is to establish a contractual arrangement between the Client and the Postpartum Doula for

2. JOB DATE

- a. The start date
- b. The job will continue
- c. The last day of service will
- d. During the contracted

3. RETAINER

- a. To guarantee the service of the Postpartum Doula, the Client agrees to pay a retainer of
- b. Payment will be made by Zelle or Venmo to _____.
- c. The retainer will be applied directly to the back end of the contract.
- d. Services will only be considered booked

4. CANCELLATION AND TERMINATION OF AGREEMENT

This Agreement may be canceled or terminated:

- a. If the Postpartum Doula fails to report to the Client's home
- b. The Client may release the Postpartum Doula from duty for cause.. Cause may be declared if the Postpartum Doula engages in:
 - c. If the Postpartum Doula terminates the position with cause after
 - d. If the Client decides to cancel the Contract before the scheduled start date for any reason, the Postpartum Doula will retain 100% of the retainer.
- e. In a loss of pregnancy or cancellation of adoption,

5. POSTPARTUM DOULA RESPONSIBILITIES:

The primary responsibility is taking care of your child and things that pertain to the child such as:

Additional Responsibilities Include:

- a. Comply with the Client's reasonable child-rearing preferences.

6. COMPENSATION

- a. It is agreed that the hourly rate is \$_____ per hour. That equals \$_____ per week. This rate is applicable when the Postpartum Doula does not do awake duty.
 e. If it becomes necessary for the Postpartum Doula to assert any claim
 f. **Late payment:** Should the Client fail to make a payment on the due date

7. MANDATORY HOURS AND CONSIDERATIONS

This agreement is for Postpartum Doula services beginning on ___ day of _____, 20__ and ending on ___ day of _____, 20__.

This is a combo round the clock/night time position.

OR The hours for this position shall be:

8. EMERGENCIES

Because emergencies may arise during the Client's absence, even if that absence is brief,

9. EMPLOYER'S ACQUAINTANCES AND RELATIVES

10. COMMUNICATION

11. CONFIDENTIALITY

12. NANNY CAMS

The use of hidden cameras or surveillance equipment must be disclosed to the Postpartum Doula in writing.

13. NOTICE

14. INDEMNIFICATION

The Client agrees to indemnify and hold the Postpartum Doula harmless from and against all loss or damage,

15. GENERAL ISSUES

16. REQUIREMENTS FOR A TRAVELING JOB:

I am hiring the Postpartum Doula for a job that she must travel to or where travel will be involved during this contract. _____ (Client's initial)

17. COVID, FLU, COLD OR ANY CONTAGIOUS ILLNESS

18. ENTIRE AGREEMENT

19. BINDING AGREEMENT

This Agreement is binding upon and shall come into effect

20. AMENDMENTS

No change or modification to this Agreement will be valid

21. WORD USAGE

22. ACCURACY AND COMPLETENESS OF INFORMATION

23. LETTER OF REFERENCE

24. JURISDICTION

This Agreement shall be governed, construed, and interpreted by, through and under the laws of the State of _____.

The undersigned Postpartum Doula and Clients agree to all terms described herein. This agreement was reached with the mutual consent of both parties.

_____,
Postpartum Doula Date

Client Date

Client Date

Medical Treatment Authorization Form

Minor: Full Legal Name: _____

Home Address: _____

Date of Birth _____ Gender: Female _____ Male _____

Information for Medical Treatment Physician's Name and Location of Practice:

Physician's Phone # (if known): (____) _____

Medical Insurer/Health Plan: _____ Policy #

Allergies to Medications:

Allergies (Other):

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for _____ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: _____.

Signed this _____ day of _____, 20__.

Parent / Legal Guardian Signature: _____

Printed Name: _____

Witness Signature _____

Printed Name _____

Emergency Contact Information:

_____, Postpartum Doula

1. Name _____ Relationship _____

Phone _____

2. Name _____ Relationship _____
Phone _____

3. Name _____ Relationship _____
Phone _____

Emergency Contact Information:

Client

1. Name _____ Relationship _____
Phone _____

2. Name _____ Relationship _____
Phone _____

3. Name _____ Relationship _____
Phone _____

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