



ANGELS

ANTENATAL
& NEONATAL
GUIDELINES,
EDUCATION
AND
LEARNING
SYSTEM

4301 W. MARKHAM ST.
#518
LITTLE ROCK, AR
72205
TELEPHONE
(501) 526-7425
FAX
(501) 526-7287
TOLL FREE:
(866) 273-3835

ANGELS is a
joint program of the
UAMS College of Medicine
and the
Arkansas Department of
Health and Human Services
with the support of
the Arkansas Medical Society.

UAMS

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES



DHHS
ARKANSAS DEPARTMENT OF
HEALTH & HUMAN SERVICES

UAMS CONSENT FOR ANGELS BABYCAM

I, _____ hereby give my permission and
authorize UAMS to (Print Mother's First and Last Name)
place an Angel eye WEBCAM in front of my baby _____
Print baby's name
born on _____.

I understand that the purpose of this webcam is to view our baby,
and I understand that during procedures, the webcam will not be turned on.

I understand that the website is password protected, and anyone I share the password
with will have access to the website information.

I understand that only I or my husband can activate the ANGELS webcam
with the ANGELS call center.

I understand that the webcam will be available during limited, designated times.

I have read and understand the information stated above, and I consent to
having the webcam placed .

Signature of Baby's mother _____ Date: _____

If mother is unable to sign, others who are authorized by law to sign on behalf of
mother or baby, such as mother's husband who is the father of the baby,
court-appointed guardian of mother or baby, or person appointed in mother's power
of attorney, can sign below.

Legal Representative _____ Date _____

If Legal Representative, state relationship to baby _____