



**AMERICAN ACADEMY OF
Adoption Attorneys**

**ADOPTIVE PARENT DISCLOSURE FORM
MEDICAL RISK STATEMENT**

We/I _____ [Adoptive parent(s)name(s)], have
 received the following information from [Attorney or Adoption Agency]
 regarding the Female/Male child born to _____ [Birth
 Mother Name] on _____ [Date of Birth] in _____,
 _____ [Place of Birth].

DOCUMENTS	PROVIDED	REVIEWED
Birthmother's Social & Family History	_____	_____
Birthmother's Medical History	_____	_____
Birthmother's Pregnancy History	_____	_____
Birthmother's Marital History	_____	_____
Birthmother's Adoption Plan	_____	_____
Child's (Adoptee) Birth & Medical History	_____	_____
Birthfather's Social & Family History	_____	_____
Birthfather's Medical History	_____	_____
Birthfather's Adoption Plan	_____	_____
Hospital Discharge Summary	_____	_____
Prenatal/Delivery Records (Bio Mother)	_____	_____
Birth Records (Child)	_____	_____
Psychological Evaluations (Birthparents)	_____	_____
Psychological Evaluations (Adoptee)	_____	_____
Developmental Evaluations (Adoptee)	_____	_____

Placement History Report	_____	_____
Photograph of Biological Mother	_____	_____
Photograph of Biological Father	_____	_____
Photograph of Adoptee	_____	_____

1. We/I have had the opportunity to meet with _____
 _____ **[Birth Mother &/or Birth Father]**
 on the following dates _____.

2. We/I have had an opportunity to visit /view the adoptee on the following
 dates: _____.

3. We/I have been provided with or reviewed the documents as indicated
 above and have been informed of medical information/conditions regarding the
 Biological Mother, Biological Father, Siblings, and Adoptee:

4. We/I have received () identifying () Non-identifying information
 regarding the biological mother.

5. We/I have received () identifying () Non-identifying information
 regarding the biological father.

6. We/I believe that the following efforts have been made to obtain the
 information provided in this form.

a. Verbal and written reports from the biological mother. Yes No

b. Verbal and written reports from the biological father. Yes No

7. We/I understand that the child placed with us/me may have undiagnosed
 mental, physical and/or emotional problems.

8. We/I understand that there is a medical risk. The birth parents have provided **[Attorney or Adoption Agency]** with some information on their medical history. **[Attorney or Adoption Agency]** may or may not have been provided with any formal medical documentation on the birth mother's or father's medical and mental health histories and birth records that **[Attorney or Adoption Agency]** has had access to. In addition there may be unknown medical risk of which you and **[Attorney or Adoption Agency]** are unaware.

9. We/I understand that babies cannot accurately be tested for the HIV virus antibodies at birth due to the incubation period of the AIDS virus. False readings on birth parents are quite possible. Also, **[Attorney or Adoption Agency]** cannot require testing of the birth parents.

10. We/I understand that **[Attorney or Adoption Agency]** has provided us with all the information **[Attorney or Adoption Agency]** has collected regarding the adoptee. We are satisfied that **[Attorney or Adoption Agency]** has taken all reasonable actions to obtain relevant information regarding the child and the biological parents. We understand, acknowledge and agree that **[Attorney or Adoption Agency]** does not warrant the accuracy of the information obtained and provided to **[Attorney or Adoption Agency]**. We/I understand that **[Attorney or Adoption Agency]** has recommended that We/I consult with an independent physician, psychiatrist, psychologist, educational specialist or clinical social worker if we have any questions about the adoptee's medical, physical or emotional health or prognosis as a result of information contained in the documents made available to us. We/I state that we will not hold **[Attorney or Adoption Agency]** responsible for any financial, physical and/or emotional damage suffered by myself and/or members of my family as a result of this medical risk placement.

11. We/I understand that all of the information disclosed to us/me in this statement is confidential. We/I agree not to disclose any of the information disclosed herein prior to the final decree of adoption being entered. Should for any reason this adoptive placement disrupt and the adoption is not finalized, all of the information disclosed herein shall remain confidential and we/I shall not disclose this information to anyone. If the adoption is finalized, we/I agree that the information disclosed herein shall not be disclosed except in the best interest of the child(ren).

12. In the even this adoption disrupts, ALL DOCUMENTS provided for the purpose of full disclosure SHALL BE RETURNED TO **[Attorney or Adoption Agency]**

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date _____

Adoptive Mother

Adoptive Father

Witness