NICU Emergency Transport Consent Form

Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

Parent/Guardian Name(s): _____

Parent/Guardian Contact Number: _____

Due to an emergency situation impacting our hospital, your child requires transport to another hospital for ongoing care.

I understand that:

- Transport will be provided by an authorized ambulance or neonatal transport service.
- My child's current condition and care needs have been communicated to the receiving facility.
- The receiving facility will assume medical responsibility once the patient arrives.
- I authorize the sharing of my child's medical information necessary for the safe transfer.

Authorization:
I hereby consent to the transfer of my child to another healthcare facility.

Parent/Guardian Signature: _____

Date: _____ **Time**: _____

Witness (Hospital Staff): _____

Date: _____ **Time**: _____