



The Royal Children's
Hospital Melbourne



UR NUMBER

SURNAME

GIVEN NAME (S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

NETS Consent for Transport and Treatment form

Patients Name: _____

Family

Given

Date of Birth: _____ Sex: _____

Parent's Name: _____

Address: _____

Postcode _____

I, the parent named above, have received an explanation of the patient's condition and understand that Doctor _____ recommends transfer of the patient to the neonatal unit at the _____ ("the receiving hospital").

I accept that it is the doctor's view that the possible risks of transport are outweighed by the advantages of care at the receiving hospital.

I therefore agree to and authorise the following:

1. Transport of the patient by the Newborn Emergency Transport Service ("NETS");
2. The doctors and/or nurses of NETS to carry out such treatments or procedures as are necessary in their professional judgement for the safe transport of the patient;
3. The doctors and/or nurses of the receiving hospital to carry out such treatments or procedures as are necessary in their professional judgement, including the administration of a general anaesthetic, for the initial stabilization of the patient;
4. Staff of the NETS to access the patient's medical records held by the receiving hospital for clinical and research activities;

☐ I do not wish to receive information about NETS or its fundraising activities.

Signature _____

Relationship to infant _____

Witness _____

Date _____ Time _____

Name of Witness _____

Designation of Witness _____

Referring hospital – please provide 2 copies of completed form to NETS team