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# NEONATAL CONSENT FORM

PATIENT IDENTIFICATION

**READ CAREFULLY**

PATIENT NAME (Print):

DATE:

TIME (Military):

## 1. CONSENT:

I authorize the performance upon \_\_\_\_\_ of the following procedures: [a] routine diagnostic and therapeutic procedures; [b] special diagnostic and therapeutic procedures to include: **umbilical catheterization, spinal tap, suprapubic tap, phototherapy**; [c] medical treatment including: **oxygen and ventilator use, intravenous fluids, medications, and immunizations** advisable and necessary for the care of my child.

I consent to performance of these procedures / treatments under the direction of Dr. \_\_\_\_\_. These procedures / treatments may be performed by him / her, or anyone whom he / she may designate.

## 2. RISKS:

These procedures / treatments and their respective risks have been explained to me, to my satisfaction, by Dr. \_\_\_\_\_. Any questions that I have concerning these procedures / treatments have been answered to my satisfaction.

## 3. BLOOD TRANSFUSIONS:

I have been advised that my child may need a transfusion of blood and / or blood components during this hospitalization. I consent to this treatment if deemed medically necessary.

The precautions taken, including the testing and screening of the donor and his / her blood for HIV, hepatitis, and CMV generally prevent the complications of transfusions. I understand, however, that risks are not totally eliminated.

I acknowledge that my physician's explanation was given to me in terms which I understand. The explanation included the risks and complications of the proposed treatment including transmission of potentially fatal infectious diseases such as hepatitis and HIV.

**I GIVE MY CONSENT** for my baby to receive blood and / or blood components as determined by my baby's physician, as such are necessary for my baby's well-being.

**I DO NOT CONSENT** for my baby to receive blood and / or blood components under any circumstance.

## 4. NO GUARANTEE:

No guarantee or assurance has been given to me by anyone as to the results that may be obtained from the procedure and treatment covered by this form.

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT, THAT THE EXPLANATIONS REFERRED TO THEREIN HAVE BEEN MADE, AND THAT ALL BLANKS REQUIRING INSERTION OR COMPLETION WERE FILLED IN BEFORE I SIGNED.**

\_\_\_\_\_  
PARENT / GUARDIAN'S Signature

\_\_\_\_\_  
WITNESS Signature

**PART OF THE MEDICAL RECORD**