



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



**NATIONAL NEONATAL
TRANSPORT PROGRAMME**

Consent for Transport and Treatment by the National Neonatal Transport Programme

Name of Patient: _____ Date of Birth: _____

Hospital No.: _____ Address: _____

Special Requirements: (eg translator/other communication method)

Details of Transfer

Referring Hospital: _____ Referring Doctor: _____

Receiving Hospital: _____ Receiving Doctor: _____

I hereby acknowledge that my child/ward needs to be transferred involving transportation for the reasons that have been explained to me by:

Name: _____ Job Title: _____

I understand that the National Neonatal Transport Programme will conduct this transfer. I further understand that my child will be transferred by ground ambulance and/or helicopter or fixed wing aircraft (delete as appropriate) in the company of appropriate clinical personnel.

Risks of Transportation

The risks of transportation include but are not limited to the following:

- The general risks associated with emergency transportation, such as possible failure of medical equipment, aircraft or vehicle; traffic hazards; adverse weather conditions; pilot or driver error, which may delay or prevent transportation or consequences of actions outside the control of transport personnel.
- Risks associated with all medical transport, including the possible worsening of the patient's condition either prior to or during transport or the interruption of medical treatment during transportation.

These risks may delay or prevent transportation or result in the transport plan and/or care plan being revised.

Authorisation of Transportation to Receiving Hospital for Treatment

1. I understand the risks associated with transportation.
2. I accept the opinion of the referring doctor and the receiving doctor that my child's/ward's condition justifies transfer involving transportation and admission to _____.
3. I authorise transportation by ground and/or air ambulance.
4. I further authorise the doctors and/or nurses and other personnel of the medical transport team to continue treatment and to perform any medical, surgical or nursing procedures which they deem necessary for my child's/ward's welfare.
5. I consent to disclosure/release of all relevant medical information and records from referring doctor to transport doctor and from transport doctor to receiving hospital.

Guardian's Signature* (see note overleaf)

Witness

Date

Relationship to Patient

Time

Statement of interpreter (where appropriate): I have interpreted to the best of my ability the information contained on this form and have relayed it to the above named guardian in a way in which I believe s/he can understand.

Signed

Date

Name (PRINT)

***Note: Who is the guardian of a child?**

1. Where the parents of a child are married both the father and mother are at law guardians of the child.
2. In the case of a child born to a couple who are not married at law the mother is the sole legal guardian of the child unless the father has been appointed legal guardian .The father may be appointed legal guardian by;
 - a. Under the Children’s Act 1997 where the father and mother agree and have made a joint statutory declaration under paragraph (e) Section 2(4) of the Guardianship of Infants Act, 1964, or
 - b. Where the father has been appointed by the court having made an application under Section 6 (A) of the Guardianship of Infants Act 1964, or by
 - c. Will or Deed: a testamentary guardian is a person who has been appointed guardian by will or deed. Their appointment is by a parent who is also guardian of the child and takes effect upon the death of the parent in question
3. In the case of a child who is a ward of court consent to transport should be requested from the committee appointed by the court to act as a committee of the person of the ward. It is important that the committee notify the Wards of Court Office of the circumstances giving rise to the requirement to transport the child urgently so that the Court can issue directions in relation to the consent to treatment of the ward.