



**CONSENT FOR
TRANSPORT AND TREATMENT OF INFANTS**

I, [REDACTED], the parent/guardian of Baby girl [REDACTED] give my consent for the transportation and treatment in the Neonatal Intensive Care Unit at Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, New Brunswick, NJ.

I authorize the hospital and Dr. Reddy / Barole and

such assistants as they may designate, the charge of my child to carry out diagnostic and therapeutic medical procedures as may be needed to stabilize my child's condition prior to and during transfer to the Neonatal Intensive Care Unit, and also to carry out such diagnostic procedures and medical treatment as may, in the opinion of the physician, be necessary or advisable, during the stay of the child in Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital.

I consent to medical treatment and procedures in addition to or different from those now contemplated, which may arise from presently unforeseen conditions provided that the above named physician or his designees, assistants, or associates consider the same necessary or advisable for my child's health and safety.

The nature and purpose of the treatment, possible alternatives, methods of treatment, the risks involved and the possibility complications have been fully explained to me.

I give this permission voluntarily and of my own free will. I further represent and warrant that I have full and legal authority to give such permission.

Signature of parents/guardian: [REDACTED]

Date/Time: 7/7/18 4:30

Print name: [REDACTED]

Relationship to infant: Mother

Signature of person obtaining consent: [REDACTED]

Date/Time: 7/7/18 1639

Print name: [REDACTED]