Consent for Transportation and Treatment

I understand that clinicians at __________________________ Hospital have recommended that my child/ward be transferred to ________________________________ for treatment of the following conditions:

_____________________________________________________________________________________________
_________________________________________________________________________________________

I authorize transportation of my child/ward to _______________________________________. I understand that the operation of ambulance services is the responsibility of an independent company contracted by the University of Wisconsin Hospitals and Clinics.

I authorize staff from the University of Wisconsin Hospitals and Clinics to provide any treatment (e.g. administration of medications, anesthesia, blood products etc.) as may be deemed clinically necessary during the transportation of my child/ward to _______________________________________. I understand that there may be risks related to such treatment, which vary depending on the patient’s condition, the treatment provided, and other factors.

Refusal for Transportation and Treatment

I understand that clinicians at __________________________ Hospital have evaluated my child/ward’s medical condition and have recommended that my child/ward be transported to ________________________________ for further care. The risks and benefits of a transfer of care to ________________________________ have been explained to me. Despite such recommendations and discussions, I refuse to have my child/ward be transported to ________________________________ or cared for by University of Wisconsin Hospitals and Clinics’ staff.

Signature of Parent/Guardian Date Time

Signature of Parent/Guardian Date Time

Signature of UWHC Staff Date Time Pager