

Informed Consent Form : Sepsis Treatment

Supplementary Form 5
Use if needed

Name of mother _____ Name of the village _____

Name of ASHA _____ Date of diagnosis _____

Consent of Father or Mother

I _____ resident of the village _____
have been told by the ASHA that my new born baby is seriously ill and that its life is in danger . Though she has advised, I am unable or unwilling to take the baby to hospital. So I request the ASHA to treat my baby with the appropriate injection and medicine and I give her the permission for this treatment. I am aware that the baby is seriously ill, and may die in spite of the treatment. I will not hold the ASHA responsible for this.

Signature/Thumb Impression

Date

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	