

Consent Form 2: Agreement of person with parental responsibility to examination or treatment for a child under 16 years of age who is not Gillick competent (i.e. does not have sufficient maturity or intelligence to consent for themselves)

Patient details (or pre-printed label)

Patient's surname/family name
Patient's first names
Date of birth
 Male Female Non-binary Other.....
NHS Number (or other identifier)

Special requirements

(e.g. other language/other communication method)
.....
.....
(Please press hard to ensure all 3 copies are legible)

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

.....
.....
.....

Anaesthetic This procedure will involve:

general and/or regional anaesthesia local anaesthesia sedation none

Any extra procedures which may become necessary during the procedure

None expected
 Blood transfusion
 Other procedure (please specify)

Statement of health professional (health professional must have appropriate knowledge of proposed procedure)

Information about the procedure/treatment

I have explained the procedure to the child and the person with parental responsibility for the child. In particular, I have explained:

Intended benefits:

Significant, unavoidable or frequently occurring risks, including any risks of particular significance to this patient:

.....
.....
.....

I have also discussed:

- what the procedure is likely to involve
- any particular concerns of this patient and those with parental responsibility for the child
- the benefits and risks of any available alternative treatments (including no treatment)

Please include details:

I have provided the following leaflet / cd / dvd / weblink (please specify title of the leaflet and date of its issue; title of the cd/dvd and "version" if it has been amended)

Signed Date

Name (PRINT) Job title

Professional registration number (e.g. GMC, NMC, GDC, HCPC, etc)

Contact details (if child/parent wish to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the above information to the child and those with parental responsibility to the best of my ability and in a way in which I believe they can understand.

Signed Date

Name (PRINT) Contact details

Statement and signature of person with parental responsibility

You will be offered a copy of this form. If you have any further questions, do ask – we are here to help you and your child. **You have the right to change your mind at any time**, including after you have signed this form. The guidance notes in the inside front cover of the Consent Form Book set out the circumstances in which a person may have parental responsibility for a child.

I confirm that I have parental responsibility for this child.

I understand:

- the information that I have been given about the examination or treatment described on this form.
- that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- that the child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia).
- that any procedure *in addition* to those described on this form will only be carried out if it is necessary to save the life of the child or to prevent serious harm to their health.

I agree to the procedure or course of treatment described on this form.

I have been told about additional procedures which may become necessary during the child's treatment. I have listed below any **procedures which I do not wish to be carried out** without further discussion (refusal of some procedures may mean the health professional has to obtain legal advice).

.....
.....

I do / do not agree* that students may be present during the procedure (*please delete as appropriate).

Signature Date

Name (PRINT) Relationship to the child

Child's agreement to treatment (if child wishes to sign)

I agree to have the treatment I have been told about.

Name Signature

Date

Confirmation of consent (to be completed by a health professional when the child is admitted for the procedure, if the parent/child has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the child and those with parental responsibility for the child that they have no further questions and wish the procedure to go ahead.

Signed Date

Name (PRINT) Job title

Professional registration number (e.g. GMC, NMC, GDC, HCPC, etc)

I confirm that I still want the procedure/treatment to go ahead.

Parent's signature Date

Name (PRINT)

Person with parental responsibility has withdrawn consent

Ask person with parental responsibility to sign/date here and write **"VOID"** across all pages of the form.

Parent's signature Date

Name (PRINT)