

**Statement of parent**

Please read this form carefully. If your child's treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help. You and your child have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form and **I confirm** that I have 'parental responsibility' for this child.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand that where applicable**, my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to children having general anaesthesia.)

**I understand** 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 my child or to prevent serious harm to his or her health.

**I have been told** about additional procedures which may become necessary during my child's treatment. I have listed below any **procedures which I do not wish to be carried out** without further discussion even if my child becomes at risk of death .....

**I consent/do not consent** to the removal of my tissue and/or blood products during this operation and **I consent/do not consent** to its use for (tick as applicable):

- Research in connection with disorders and/or the functioning of the human body
- Obtaining scientific or medical information about a living or deceased person which may be relevant to any other person (including a future person)

Patient's signature ..... Date .....

Name (PRINT) .....

**A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here.**

Signed ..... Date .....

Name (PRINT) .....

**Confirmation of consent** (to be completed by a health professional and the parent or person with parental responsibility when the patient is admitted for the procedure, if the parent or person with parental responsibility has signed the form in advance)

On behalf of the team treating the patient, I have discussed the treatment with the patient and parent/person with parental responsibility and answered any further questions or concerns. I have also confirmed with the parents/person with parental responsibility that she/he has made an informed decision and wishes the patient to undergo the procedure.

**Health Professional**

Signed ..... Date .....

Name (PRINT)..... Job Title .....

**Parent/Person with Parental Responsibility**

Signed ..... Date .....

Name (PRINT) .....

**Consent Form 2**

**Parental (or person with parental responsibility) agreement to investigation or treatment for a child or young person**

**Patient details (or pre-printed label)**

Patient's surname/family name ..... Patient's first names .....

Date of Birth..... Male  Female

NHS number ..... PID .....

Responsible health professional.....

Job title ..... Registration number.....

Special requirements.....  
(eg other language/other communication method)

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

**Statement of health professional** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy and delegated consent policy)

**I have read and understood the guidance to health professionals overleaf.**

**I have explained the procedure to the patient, in particular, I have explained:**

**The intended benefits:** .....

**The significant, unavoidable or frequently occurring risks:**.....

**Any extra procedures which may become necessary during the procedure:**

Blood transfusion .....

Other procedures (please specify):.....

**I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient and his/her parents.**

The following leaflet/CD/DVD has been provided.....

This procedure will involve:

General anaesthesia  Local anaesthesia  Sedation

Signed ..... Date .....

Name (PRINT) ..... Job Title .....

**Statement of interpreter** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe she/he can understand.

Signed ..... Date .....

Name (PRINT) .....

# Guidance to health professionals

(to be read in conjunction with the Consent to Examination or Treatment policy)

## What a consent form is for

This form documents the patient's agreement to go ahead with the investigation or treatment you have proposed. It is not a legal waiver - if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, if they retain capacity to do so. The form should act as an aide-memoire to health professionals and patients, by providing a check-list of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed. In no way, however, should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient.

## The law on consent

The process of taking consent is underpinned by the common law, the Human Rights Act 1998 and the Mental Capacity Act 2005. All staff involved in providing care to patients must be familiar with the Consent to Treatment or Examination policy.

More information on consent and the legislation behind it can be found in the Department of Health's Reference Guide to Consent for Examination or Treatment at <http://www.dh.gov.uk> or the Office of the Public Guardian at <http://www.publicguardian.gov.uk/>.

## Who can give consent

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child is not competent to give consent to treatment, consent should be sought from a person with 'parental responsibility'. Children under 16 are not automatically presumed to have capacity to make decisions about their health care. However, a child under the age of 16 can be competent to consent to treatment on their own behalf if they are considered to be "Gillick" competent to make decision for themselves. A child will be considered to be Gillick competent if they have sufficient understanding and intelligence to understand fully what is involved in the proposed intervention. In these circumstances, consent is valid and it is not necessary to obtain additional consent from a person with parental responsibility. There is no specific age when a child becomes Gillick competent to consent to treatment; it depends both on the child and on the seriousness and complexity of the treatment being proposed. Nevertheless in determining whether a child has capacity to make such a decision the health care professional should take into account, and document, his/her assessment of the child in relation to:

- Whether the child is able to comprehend and retain information (the nature, purpose and complications of treatment) material to the decision, especially regarding the consequences of having or not having the intervention in question,

and

- Whether they can make a valued judgement, balancing the risks and benefits?

Where a young person aged 16 or 17 years old lacks the capacity to consent to treatment, a person with parental responsibility for the young person can consent to that procedure as long as they are acting in the young person's best interests. Where a young person lacks capacity, treatment can be given whether or not a person with parental responsibility has consented as long as the health professional has followed the principles set out in the Mental Capacity Act and is acting in the young person's best interests.

Where a young person of 16 or 17 or a Gillick competent child under 16 refuses treatment, it is possible that such a refusal could be overruled if it would be in their best interests. It would be prudent to seek legal advice in such circumstances before treatment, save in an emergency.

It is good practice to involve the child's family in the decision making process provided the Gillick competent child consents to their involvement.

## When to use this form

This form should be used for patients that are below 18 years and are unable to consent for themselves. This form should be signed by the person(s) with parental responsibility after full discussion of the options and the risks and benefits associated with each.

## When NOT to use this form

If the patient is 18 or over and does not have the capacity to make a decision, you should use form 4 (i.e. Form for adults who are unable to consent to investigation or treatment). A patient is unable to make a decision if they cannot:

- understand the information about the decision to be made
- retain that information
- use or weigh that information as part of the process of making a decision

## Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to this procedure proposed, is crucial for patients when making up their minds. The courts have stated that patients should be told about 'significant' risks which would affect the judgement of a reasonable patient'. 'Significant' has not been legally defined, but the GMC requires doctors to tell patients about significant, unavoidable and frequently occurring risks. In addition if patients make it clear they have particular concerns about certain kinds of risks, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least the very basic information about what is proposed. Where information is refused, you should document this on this form and in the patient's medical records.

If consent is sought for the use of tissue/blood products from the patient for one or more of the purposes identified in the consent form, information should be given to the patient about the nature and purpose of what is proposed so that the patient is able to make an informed decision. The patient should be told of any 'significant' risks inherent in the way the tissue/blood products will be obtained, how the tissue/blood products will be used and any risks or possible implications of its use. When taking consent for the use of tissue/blood products, you should comply with the Human Tissue Authority Code of Practice on Consent.

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