

# [NHS organisation name] consent form 2

# Parental 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		
Age		
Responsible health professional		
Job title		
NHS number (or other identifier)		
☐ Male ☐ Female		
Special requirements(eg other language/other communication method)		

To be retained in patient's notes

## Patient identifier/label

Name of proposed procedure or explanation if medical term not clear)		
Statement of health professional appropriate knowledge of proposed procedure	t (to be filled in by health	professional with
I have explained the procedure to the child are explained:	nd his or her parent(s). In p	oarticular, I have
The intended benefits		
Serious or frequently occurring risks		
Any extra procedures which may become ned □ blood transfusion	cessary during the procedu	ıre
☐ other procedure (please specify)		
I have also discussed what the procedure is available alternative treatments (including no patient and his or her parents.	ikely to involve, the benefit treatment) and any particu	s and risks of any lar concerns of this
$\Box$ The following leaflet/tape has been provide	ed	
This procedure will involve:		
☐ general and/or regional anaesthesia	☐ local anaesthesia	☐ sedation
Signed: Name (PRINT)	Date Job title	
Contact details (if child/parent wish to discu	ss options later)	
Statement of interpreter (where approp	riate)	
I have interpreted the information above to the my ability and in a way in which I believe they	e child and his or her pare / can understand.	nts to the best of
Signed Name (PRINT)		

Top copy accepted by patient: yes/no (please ring)

# Statement of parent

#### Patient identifier/label

Please read this form carefully. If the procedure has been planned in advance, you should already have your own copy of page 2 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. You 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 my 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.)

I understand hat 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 with the child's treatment. I have listed below any procout without further discussion.	edures which I do not wish to be carried
Signature	Date
Child's agreement to treatment (if child wis	hes to sign)
I agree to have the treatment I have been told	about.
Name Date	
Confirmation of consent (to be completed by admitted for the procedure, if the parent/child h	a health professional when the child is nave signed the form in advance)
On behalf of the team treating the patient, I har parent(s) that they have no further questions a	ve confirmed with the child and his or her and wish the procedure to go ahead.
Signed: Name (PRINT)	Date
Important notes: (tick if applicable)	
☐ See also advance directive/living will (eg Je	ehovah's Witness form)
☐ Parent has withdrawn consent (ask parent	to sign /date here)

### Guidance to health professionals (to be read in conjunction with consent policy)

#### This form

This form should be used to document consent to a child's treatment, where that consent is being given by a person with parental responsibility for the child. The term 'parent' has been used in this form as a shorthand for 'person with parental responsibility'. Where children are legally competent to consent for themselves (see below), they may sign the standard 'adult' consent form (form 1). There is space on that form for a parent to countersign if a competent child wishes them to do so.

#### Who can give consent

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. The courts have stated that if a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. If children are not able to give consent for themselves, some-one with parental responsibility may do so on their behalf.

Although children acquire rights to give consent for themselves as they grow older, people with 'parental responsibility' for a child retain the right to give consent on the child's behalf until the child reaches the age of 18. Therefore, for a number of years, both the child and a person with parental responsibility have the right to give consent to the child's treatment. In law, health professionals only need the consent of one appropriate person before providing treatment. This means that in theory it is lawful to provide treatment to a child under 18 which a person with parental responsibility has authorised, even if the child refuses. As a matter of good practice, however, you should always seek a competent child's consent before providing treatment unless any delay involved in doing so would put the child's life or health at risk. Younger children should also be as involved as possible in decisions about their healthcare. Further advice is given in the Department's guidance Seeking consent: working with children. Any differences of opinion between the child and their parents, or between parents, should be clearly documented in the patient's notes.

### Parental responsibility

The person(s) with parental responsibility will usually, but not invariably, be the child's birth parents. People with parental responsibility for a child include: the child's mother; the child's father if married to the mother at the child's conception, birth or later; a legally appointed guardian; the local authority if the child is on a care order; or a person named in a residence order in respect of the child. Fathers who have never been married to the child's mother will only have parental responsibility if they have acquired it through a court order or parental responsibility agreement (although this may change in the future).

#### Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for children and their parents when making up their minds about treatment. 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 'serious or frequently occurring' risks. In addition if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly.

#### Guidance on the law on consent

See the Department of Health publications Reference guide to consent for examination or treatment and Seeking consent: working with children for a comprehensive summary of the law on consent (also available at www.doh.gov.uk/consent).