

**CONSENT FORM 2**

 **PARENT (OR PERSON WHO HAS PARENTAL RESPONSIBILITY) AGREEMENT TO CARE and/or TREATMENT FOR**

**A CHILD OR YOUNG PERSON (under 16 years of age)**

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

|  |  |
| --- | --- |
| Patient’s surname/family name |  |
| Patient’s first names |  |
| Date of birth |  |
| Age |  |
| Responsible health professional |  |
| Service  |  |
| Job title |  |
| NHS number (or other identifier) |  |
| Gender |  |
| Special requirements (e.g. other language/other communication method)  |  |

\*\*To be retained in patient’s health records\*\*

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| **STATEMENT OF HEALTH PROFESSIONAL**To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in the Trusts Consent to Care and/or Treatment Policy |
| Name of proposed procedure or course of treatment (include brief explanation if medical term not clear) |  |
| I have explained the procedure to the child and his or her parent(s) (or person with parental authority). In particular, I have explained**:**  |
| The purpose and nature of the care/treatment  |  |
| The intended benefits which include: |  |
| Any significant risks which are: |  |
| Any extra procedures which may become necessary during the procedure. Which may include: |  |
| The following leaflet/tape has been provided (if applicable) |  |
| Please provide details of any further information given as requested by the patient |  |
| **Signed Name**  | **Date**  |
|  |  |
| **(PRINT Name)** | **Job title** |
|  |  |
| Contact details (if child/parent or person with parental responsibility wish to discuss options later) |  |
| **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 s/he can understand. |

|  |  |
| --- | --- |
| **Signed Name** | **Date** |
|  |  |
| **(PRINT Name)**  | **Date** |
|  |  |
| **Copy accepted by patient Yes/No** (please Circle) |

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| **STATEMENT OF PARENT** |
| Please read this form carefully. If the procedure or treatment 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 any procedure in addition to those described on this form will only be carried out if it is necessary to save the life of this child or to prevent serious harm to his or her health.  |  |
| **I have been told** about additional procedures which may become necessary during this child’s treatment. I have listed below any procedures which I do not wish to be carried out without further discussion.  |  |
|  |
| **Signed Name** | **Date** |
|  |  |
| **(PRINT Name)** | **Relationship to child** |
|  |  |
| **Child’s agreement to treatment (if child wishes to sign)** I agree to have the treatment I have been told about |
| **Signed Name** | **Date** |
|  |  |
| **(PRINT Name)** | **Date** |
|  |  |
| **Confirmation of consent** (to be completed by a health professional when the child is given the treatment, if the parent or person with parental responsibility/child has signed the form in advance) On behalf of the team treating the patient, I have confirmed with the child and his or her parent(s), (or person with parental responsibility) that they have no further questions and wishes the procedure to go ahead and/or the treatment to be given.  |
| **Signed Name** | **Date** |
|  |  |
| **(PRINT Name)** | **Date** |
|  |  |
| **Withdrawal of Consent**Parent or person with parental responsibility has withdrawn consent |  |
| **Ask parent or person with parental responsibility to sign/date here** |
| **Signed Name** | **Date** |
|  |  |
| **(PRINT Name)** | **Date** |
|  |  |

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| **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 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. |
| **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 <https://www.gov.uk/government/organisations/department-of-health-and-social-care>) |
| **Trusts Policy** For further guidance see the Trusts Policy on consent to Care and Treatment. <https://www.rdash.nhs.uk/27029/consent-to-care-and-treatment-policy/> |
| **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. 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 required 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. |