

Parental Agreement to Proposed Procedure or Treatment for a Child or Young Person

Patient details (or pre-printed label)

NHS Number: _____

Patient's surname/family name _____

Patient's first name(s) _____

Address _____

Date of birth _____

Male Female

Adastra case number (or other identifier) _____

Responsible health professional _____

Job title _____

Special requirements _____

(E.g. other language/other communication method)

To be retained in patient's notes

Adastra case number (or other identifier) _____

Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)

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

I have explained the procedure to the child and his or her parent(s). In particular, I have explained:

The intended benefits _____

Serious or frequently occurring risks _____

Any extra procedures which may become necessary during the procedure (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 or her parents.

The following leaflet has been provided _____

This procedure will involve (tick if applicable)

Local anaesthesia

Signed (Health Professional) _____ Date _____

Name (PRINT) _____ Job title _____

Name(s) of any other individuals present: _____

Statement of interpreter (where appropriate)

I have interpreted the information above to the child and his or her parents to the best of my ability and in a way in which I believe they can understand.

Signed (Interpreter) _____ Date _____

Name (PRINT) _____

Adastra case number (or other identifier) _____

Statement of parent

Please read this form carefully.

If you have any further questions, do ask – we are here to help you and your child.

I agree to the procedure or 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 the procedure will/will not (delete as appropriate) involve local 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**.

Parent's Signature _____ Date _____

Name (PRINT) _____

Relationship to 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 _____

Guidance to health professionals (to be read in conjunction with the BADGER

Informed Consent Procedure CL54)

Consent Form 2

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 (**Consent 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, someone 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; or if unmarried if he is named on the child's birth certificate (with effect from 15 April 2002); a legally appointed guardian; the Health and Social Services Trust if the child is the subject of a care order; or a person named in a residence order in respect of the child. A father who has never been married to the child's mother or, after 15 April 2002, whose name has not been included on the child's birth certificate, will only have parental responsibility if he has acquired it through a court order or parental responsibility agreement with the child's mother.

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.