

University Hospitals Bristol and Weston NHS Foundation Trust
North Bristol NHS Trust

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 _____

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

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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)

I have explained the procedure to the child and his or her parent(s) (or person who has parental responsibility) In particular, I have explained:

The intended benefits _____

Significant, unavoidable or frequently occurring risks including % risk of mortality or other major complication (if appropriate) _____

Any extra procedures which may become necessary during the procedure

- blood transfusion _____
- other 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 parent(s) (or person who has parental responsibility).

The following leaflet/tape has been provided _____

This procedure will involve:

- general and/or regional anaesthesia
- local anaesthesia
- sedation

Signature _____ Date _____

Name (PRINT) _____ Job title _____

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

Please offer the pink tear off sheet to patient, if declined please tick here

Statement of interpreter (where appropriate)

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

Signature _____ Date _____

Name (PRINT) _____

Information from your procedure will only be shared with others for approved healthcare research, teaching or audit purposes and in accordance with best practice recommendations.

Patient identifier/label

Statement of parent (or person who has parental responsibility)

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 confirm that the treatment options have been discussed with me and I understand them.

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 my situation prevents this. (This only applies to children having general or regional 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 (or person who has parental responsibility)

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.

Child's Signature _____ Date _____

Name (PRINT) _____

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 his or her parent(s) (or person who has parental responsibility) that they have no further questions and wishes the procedure to go ahead.

Signature _____ Date _____

Name (PRINT) _____ Job title _____

Important notes: (tick if applicable)

- See also advance decision/living will (eg Jehovah's Witness form)
 Patient has withdrawn consent (ask patient 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 (or person who has parental responsibility) 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. 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 over-ruled if it would in all probability lead to the death of the child or to severe permanent injury. It would be prudent to obtain a court declaration or decision if faced with a competent child or young person who is refusing to consent to treatment, to determine whether it is lawful to treat the child.

For further advice contact UHBW's Legal Services extension 23612 or NBT's Legal Services 0117 414 9405 or ext 49405. 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 their name is on the birth certificate (2003), or they have acquired it through a court order or a parental responsibility agreement. Divorced fathers retain parental responsibility.

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternative to the particular procedure proposed, is crucial for patients when making up their minds. The duty of the doctor is to inform the patient of material risks. The test of materiality is whether in the circumstance of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should be aware that the particular patient would be likely to attach significance to it. 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. 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 very basic information about what is proposed. Where information is refused, you should document this in the patient's notes.

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).