

Appendix 11

Proposed Child Consent Form

Introduction to post mortem examination

A post mortem involves examination of the deceased from the outside and then the making of some surgical incisions necessary for examination of the inside of the body. The examination is done to establish the cause of death and the possible effects of medical treatment on the deceased. This form asks you to give your consent to such an examination on your child.

CHILD CONSENT FORM

Please read all sections below and tick each box you agree with. At the end please sign the form

- I have been given adequate time to consider my consent
- A post mortem examination has been outlined to me
- A post mortem information booklet has been given to me
- I understand all post mortem examinations involve the removal and laboratory retention of small samples of tissue and body fluids to verify the cause of death, study the effects of treatment and as a medical record

Consent

I _____

consent to a full post mortem examination for my son/daughter:

I understand full examination involves removal for several weeks of the whole brain for examination purposes

If you do not want a full examination do you consent to a limited examination?

Do you want the examination limited to the:

Chest Abdomen Head & brain

I give consent to an external post mortem examination only

I do not consent to a full post mortem examination for:

Burial/Cremation

After the post mortem examination:

- I want to arrange my son/daughter's burial/cremation myself
- I want the hospital to arrange for my son/daughter's cremation

Keeping Organs

Sometimes in both full and part examinations it is necessary to retain whole organs for further examination. This is to help us know more about why your son/daughter died. I consent to the following organs being retained for this reason:

Brain Heart Others

Burial/cremation of organs

After post mortem examination I want the hospital to:

Cremate the organs Return the organs to me

Medical Research/Teaching

Human tissue and organs can be of help in progressing medical research and teaching

- After post mortem examination I consent to my son/daughter's organs to be used for research
- After post mortem examination I consent to my son/daughter's organs to be used for teaching

Parent's Signature/s:

Date: _____

Name and signature of doctor seeking post mortem examination consent:

Date: _____
