

HSS TRUST \_\_\_\_\_  
Hospital Unit \_\_\_\_\_

GP PRACTICE or other \_\_\_\_\_  
Primary Care Provider \_\_\_\_\_

**FORM 2**  
**PARENTAL AGREEMENT TO EXAMINATION, TREATMENT OR CARE FOR A CHILD OR YOUNG PERSON**

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

Surname/family name .....  
First names .....  
Date of Birth .....  
 Male  Female H+C No. (or other identifier) .....  
Special requirements (language or other) .....  
.....

**Statement of healthcare professional**

Responsible healthcare professional ..... Job Title.....  
Name of proposed procedure or course of treatment *(include side of body or site and brief explanation if medical term not clear)*  
.....  
.....  
I have explained the procedure. In particular, I have explained:  
.....  
.....  
The intended benefits .....  
.....  
.....  
Serious or frequently occurring risks .....  
.....  
.....  
Possible additional procedures which may become necessary during the procedure.  
 Blood transfusion  other procedure (please specify).....  
This procedure will involve:  general and/or regional anaesthesia  local anaesthesia  sedation  
**I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any samples of tissue that may be taken and any particular concerns of this child and his or her parents.**  
 The following leaflet/tape has been provided.....  
Signed ..... Date .....  
Name (Print) ..... Job Title .....  
Contact details *(if patient wishes to discuss options later)* .....

**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 which I believe they can understand.  
Signed ..... Date .....  
Name (Print) .....

**Copy accepted by child/parent Yes/No (please circle)**

## Statement of parent

**Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy 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 the 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** 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 possible 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.

.....  
.....

**\*I agree** that healthcare students, who will be supervised by healthcare professionals, may observe or assist in my child's care. *\*You may remove this sentence without affecting your child's care.*

Signature ..... Date .....

Name (Print) ..... Relationship to child.....

### Child's agreement (if child wishes to sign)

I agree to have the treatment I have been told about.

Signature ..... Date .....

Name (Print).....

### Confirmation of consent

(to be completed by a healthcare professional when the child is admitted for the procedure, if parent/child has signed the form in advance). I have confirmed with the child/parent that they have no further questions and wish the procedure to go ahead.

Signature ..... Date .....

Name (Print) ..... Job Title .....

#### Important notes: (tick if applicable)

**See also advance directive/living will (eg Jehovah's Witness form)**

**Parent has withdrawn consent** ..... Date.....

(ask parent to sign/date here)