CONSENT FOR MEDICAL PROCEDURE / TREATMENT (MINORS)

For parents / guardians of minors without capacity

If in doubt about the capacity of a minor, refer to section 8 of the Consent Manual for more information and/or escalate to a more senior colleague.

PROVISION OF INFORMATION TO PATIENT

I, Dr .......................................................... have discussed with this patient’s parent/guardian* the various ways of treating the patient’s present condition including the following proposed procedure/treatment:

SIGNATURE OF MEDICAL PRACTITIONER .......................................................... /....../20...... ....... : .......

Interpreter* .......................................................................................................................... ...

PATIENT CONSENT

Dr .......................................................... and I have discussed the present condition of .......................................................... and the various ways in which it might be treated, including the above procedure or treatment:

I understand the nature of the procedure/treatment and that undergoing the procedure/treatment carries risks.

I have had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions.

I understand the nature of the procedure/treatment and that undergoing the procedure/treatment carries risks.

I have been told that another doctor may perform the procedure/treatment.*

I consent to the procedure/treatment described above for ..........................................................

I also consent to anaesthetics, medicines or other treatments, which could be related to this procedure/treatment.

DELETE IF NOT REQUIRED This part must be countersigned by your doctor as acknowledgment of refusal

While I consent to the above procedure/treatment, after discussing this matter with the doctor, I refuse consent for my child to have the following aspects of the recommended procedure or treatment.

I note that the Children and Young Persons (Care and Protection) Act 1998 provides that such treatment may be provided notwithstanding my objection if it is necessary to prevent death or serious injury to my child.

☐ I consent ☐ I do not consent to a blood transfusion if needed.