

Consent form 2

Parental (or person who has parental responsibility) 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

Age

NHS number (or other identifier).....

Responsible health professional.....

Job title

Male

Female

Special requirements

(eg other language/other communication method)

Informed consent is obtained in accordance with the requirements of the Human Tissue Act 2004, the Human Tissue Regulations 2007 and the Human Tissue Authority Codes of Practice.

Tissue samples

Tissues may be removed during your procedure for diagnostic examination by a histopathologist (a specialist doctor who looks at tissue from patients). Tissue samples needed for diagnosis are stored by the laboratory for several years. The stored tissue may be anonymously used for laboratory quality control, audit and education. These are essential activities for maintaining high quality diagnostic pathology services. Any remaining excess tissue removed is incinerated.

The specimen may be digitally photographed and the images temporarily stored in the laboratory as part of the diagnostic process. Other completely anonymised images may also be used for quality assurance, audit and education purposes.

Occasionally stored tissues and photographs might be used for research projects. Any such research will have been approved by a research ethics committee (REC). Usually any pathology specimens used for research are made completely anonymous, so that individual patients cannot be identified in any way. If this is not possible, the REC will require the researcher to contact you and ask permission to use your stored tissue or photographs. You would then be free to decide whether or not to allow the use of the material. Your decision would not in any way affect your medical care.

Top copy accepted by patient: yes/no (please ring)
Bottom copy 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 with parental responsibility). In particular, I have explained:

The intended **benefits**

Significant, unavoidable, frequently occurring risks, or risks patient/parent thinks important

.....
.....

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). I have checked that the patient/parent has no outstanding queries and that all their questions have been answered to their satisfaction.

The following leaflet/tape has been provided Consent

This procedure will involve:

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

Signed:..... **Date**

Name (PRINT) Job title

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

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 in which I believe s/he can understand.

Signed Date

Name (PRINT)

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Statement of parent (or person with 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 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 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.

.....
.....

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

Confirmation of consent (to be completed by a health professional when the child is admitted for the procedure, if the parent/child have 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) that they have no further questions and wish the procedure to go ahead.

Signed:..... **Date** ..
Name (PRINT) **Job title**

Important notes: (tick if applicable)

- See also advance decision to refuse treatment (e.g. Jehovah's Witness form)
- Parent agrees to use of surplus tissue (ensure separate signed consent in notes)
- Parent has withdrawn consent (ask parent to sign /date here)**

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