



Government of
JERSEY

Jersey Health Services

Consent Form 3

**Parent agreement to investigation or treatment
for a child or young person**

TO BE RETAINED IN PATIENT'S NOTES



CONSULTANT/CLINICIAN

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 in plain language to the patient/parent/legal guardian. This includes the intended benefits and significant risks. If any extra procedures may become necessary during the procedure I have discussed this with the patient/parent/legal guardian.

This procedure will involve:

- general and/or regional anaesthesia local anaesthesia sedation none

Doctor's signature:..... Date

Name (PRINT) Job title

Statement of interpreter (where appropriate)

- I have interpreted the information above to the patient/parent/legal guardian to the best of my ability and in a way in which I believe s/he can understand.
- Signature: Date:
- Name (PRINT):

NOTES AND DIAGRAMS



CONSULTANT/CLINICIAN

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

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Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

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Statement of interpreter (where appropriate)

- I have interpreted the information above to the patient/parent/legal guardian to the best of my ability and in a way in which I believe s/he can understand.
- Signature: Date
- Name (PRINT)

Statement of parent/legal guardian

Please read this form carefully. 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 confirm** I have parental responsibility for this child.
- **I agree** to the procedure or course of treatment described on this form.
- **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 I 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 there may be a need for tissue and fluid samples to be taken and stored and I have no objection to this.
- **I understand** that slides and blocks may be used for teaching and research purposes and I have no objection to this.

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/Guardian's signature: Date:

Name (PRINT): Relationship to child:

Important notes: (tick if applicable)

- Parent has withdrawn consent (ask parent to sign /date here)
- When a period of six months or more has elapsed since the parent signed this form or there has been a change in the child's condition or circumstance, consent must be re-sought.

YOUR RIGHT TO INFORMATION

You should receive enough information to understand the proposed treatment. If you are in any doubt, do not hesitate to ask the doctor, nurse or other healthcare professional. If you decide to go ahead with your child's proposed treatment you can change your mind at any time.

Please remember that the doctor, nurse and other healthcare professional are all here to help you and your child. They are very willing to answer any questions that you or your child may have. Before signing the consent form, you should be satisfied that you have all the information you require. Do feel free to ask further questions throughout your child's treatment.

INFORMATION ON THE REMOVAL AND STORAGE OF TISSUE AND FLUID SAMPLES

During medical procedures it may be necessary for samples to be removed for the purpose of medical treatment and (or) to make a diagnosis of the disease. Samples might include tissue or fluid (for example, blood or urine).

Once a tissue sample is taken it is placed in a preservative and sent to the histology laboratory. The sample or portions of it are processed into small wax blocks from which microscope slides can be made. Fluid samples are also processed onto glass slides in the histology laboratory.

The slides are then ready for the hospital pathologist to examine them in order to determine the presence and the nature and extent of a disease.

Any unused portions of a sample will be stored for up to six weeks after a diagnosis has been made. After this period it will enter the hospital clinical waste system to be incinerated.

Occasionally, small pieces of tissue are kept within the laboratory to be used as control material (i.e.; normal material and material that is known to show a certain disease or feature). It is required to ensure that the laboratory monitors the quality of its procedures. Any tissue that is used for this purpose will be anonymised.

STORAGE OF ALL THE BLOCKS AND SLIDES

The review of slides and blocks at a later date may aid patient treatment or provide further information which will help future patients with the same disease.

The wax tissue blocks and slides are stored in a secure area for an indefinite period, usually many years. Occasionally it is necessary to send slides and blocks to a specialist centre for a second opinion. They are almost always returned to Jersey for storage but sometimes specialists will ask to keep certain materials for teaching or research purposes. In such circumstances, the confidentiality of the patient will be protected.

Statement of parent/legal guardian

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Parent/Guardian's signature:..... Date:

Name (PRINT): Relationship to child:

Important notes: (tick if applicable)

Parent has withdrawn consent (ask parent to sign/date here)

When a period of six months or more has elapsed since the parent signed this form or there has been a change in the child's condition or circumstance, consent must be re-sought.

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).

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. This means that in theory it is lawful to provide treatment to a child under 18 which a person with parental responsibility has authorised, even if the child refuses.

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. 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 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 they have acquired it through a court order or parental responsibility agreement (although this may change in the future).

INFORMATION

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for children and their parents when making up their minds about treatment. The courts have stated that patients should be told about 'significant risks which would affect the judgement of a reasonable patient'.

'Significant' has not been legally defined, but the GMC requires doctors to tell patients about 'serious or frequently occurring' risks. 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.

GUIDANCE ON THE LAW ON CONSENT

Refer to: H&SS Consent for Medical Examination or Treatment Policy and Guidelines