

FFURFLEN GANIATÂD 2 CONSENT FORM 2

**Cydsyniad rhywun â chyfrifoldeb rhiant i roi archwiliad
neu i ddarparu triniaeth i blentyn dan 16 oed nad yw'n
gymwys yn ôl safon *Gillick***

(h.y. heb fod yn ddigon aeddfed a deallus i gydsynio drostynt eu hunain)

**Agreement of person with parental responsibility
to examination or treatment for a child under 16 years of age
who is not *Gillick* competent**

(i.e. does not have sufficient maturity or intelligence to consent for themselves)

Guidance to health professionals

(to be read in conjunction with the Consent Policy)

This form

This form should be used to document consent to a child's examination or treatment, where that consent is being given by a person with parental responsibility for the child. Where children are *Gillick* competent to consent for themselves (see below), use the standard 'adult' consent form (Form 1). There is space on that form for a person with parental responsibility to countersign if a competent child wishes them to do so.

This form documents the agreement of the person with parental responsibility to go ahead with the examination or treatment you have proposed. It is not a legal waiver – if those with parental responsibility, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. People with parental responsibility are also entitled to change their mind after signing the form.

The form should act as an *aide-memoire* to health professionals and those with parental responsibility, by providing a check-list of the kind of information that should be offered, and by enabling the person with parental responsibility to have a written record of the main points discussed. **In no way, however, should the written information provided for the person with parental responsibility be regarded as a substitute for face-to-face discussions.**

Who can give consent

Everyone aged 16 or more is presumed to have the capacity 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, and make the decision (*Gillick* competence), then he or she will be competent to give consent for himself or herself. If children under the age of 16 are not able to give consent for themselves, someone with parental responsibility may do so on their behalf.

Parental responsibility

Proof should be requested if there is any doubt as to whether the person accompanying the child has parental responsibility.

The Children Act 1989 sets out persons who may have parental responsibility. These include:

- 1) the child's mother;
- 2) the child's father if he was married to the mother at the time of the birth;
- 3) unmarried fathers who can acquire parental responsibility in several different ways:
 - a) for children born before 1 December 2003, unmarried fathers will have parental responsibility if they

- (i) marry the mother of their child or obtain a parental responsibility order from the court, or
 - (ii) register a parental responsibility agreement with the court or by an application to the court;
- b) for children born after 1 December 2003 unmarried fathers will have parental responsibility if they:
- (i) register the birth jointly with the mother at the time of the birth,
 - (ii) re-register the birth if they are the natural father,
 - (iii) marry the mother of their child or obtain a parental responsibility order from the court; or
 - (iv) register with the court for parental responsibility.

In addition, in accordance with the Children Act 1989, the following will also have parental responsibility:

- a child's legally appointed guardian (whether appointed by the court or appointed by a parent with parental responsibility to act as guardian in the event of their death);
- a person in whose favour the court has made a residence order concerning the child;
- a local authority designated in a care order in respect of the child and a local authority or other authorised person who holds an emergency protection order in respect of the child;
- an adopter of a child;
- an adoption agency.

In the case of foster parents, if the arrangement involves the Local Authority, make contact with that Authority. If it is a private arrangement, consent is required from a parent of the child with parental responsibility. In the case of uncertainty, contact the Local Authority.

Section 4ZA of the Children Act sets out the circumstances in which a second female parent may acquire parental responsibility (where a child has a parent by virtue of section 43 of the Human Fertilisation and Embryology Act 2008). The second female parent will have parental responsibility if she:

- is in a civil partnership with or is married to the mother of the child at the time of the child's birth;
- has entered a parental responsibility agreement with the mother of the child (and any other person who already has parental responsibility);
- obtains a parental responsibility order from the court in relation to the child;
- has obtained a residence order in relation to the child.

Section 4A sets out the circumstances in which a step parent may acquire parental responsibility for a child. The child's parent who has parental responsibility, or, if another parent has parental responsibility, both parents may by agreement with the step parent provide for the step parent to have parental responsibility or a court may, on the application of a step parent, order that the step parent has parental responsibility for the child. Any parental responsibility agreement must be in the form prescribed by section 4(2) of the Children Act 1989.

In some instances a person may not have parental responsibility for a child but may, for the time being, be responsible for their care – for example, a child minder. That person may give consent to treatment on behalf of the child if it is reasonable to act without first obtaining the consent of the person with parental responsibility, for example where the treatment is urgently required. Please refer to the Reference Guide for Consent to Examination or Treatment for further information.

Consent given by one person with parental responsibility for a child is valid even if another person with parental responsibility withholds consent. However, the courts have indicated that a small group of important decisions should not be taken by one person with parental responsibility against the wishes of another – citing in particular non therapeutic male circumcision and immunisation. Please refer to the Reference Guide for Consent to Examination or Treatment for further information about action to be taken.

Provision of 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. Children and their parents should be informed about important (material) risks. Materiality is whether, in the circumstances of the particular case:

- a reasonable person in the patient's position would be likely to attach significance to the risk, or
- the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it.

Health professionals should make a record of the information given. Further advice is given in the GMC guidance on consent.

You should always answer questions honestly. If there is insufficient space on the consent form to include all the details discussed, these should be documented in full in the patient's notes.

Health professionals should only take consent in

specific clinical situations where they have undertaken formal training including on consent and mental capacity and have been competency assessed. They should familiarise themselves with any appropriate professional guidance, their organisation's consent policy and Welsh Government's guidance on consent.

Pre-registration students

The Welsh Government Reference Guide to Consent for Examination or Treatment requires a patient's written consent if pre-registration students are to be present during examination or treatment using sedation or anaesthetic. Those with parental responsibility are, therefore, asked if they agree or disagree with students being present.

The law on consent

See the Welsh Government's *Reference guide to consent for examination or treatment* (www.wales.nhs.uk/governance-emanual/patient-consent/).

See also BMA guidance on consent and patients under 18 years of age – *Children and young people toolkit* (www.bma.org.uk/ethics/consent_and_capacity/childrentoolkit.jsp).

Welsh Language

This consent form is produced in triplicate.

- The top Yellow copy must be filed in the patient's case notes.
- The two carbon copies are for the parent to take away with them:
 - o the second copy is in Welsh,
 - o and the third copy is in English.

The parent should be offered the copy of their choice.

Those with parental responsibility who wish to give consent in Welsh should be given the opportunity to read the Welsh version of the form (page 2), before signing the top (English) copy of the form. It is essential, for patient safety, that the English version of the form (Yellow copy) is the one filed in the patient's case notes.

Other All Wales Consent Forms

FORM 1

Patient agreement to examination or treatment (for people aged 16 or over with mental capacity and people under 16 years of age who are *Gillick* competent).

FORM 4

Treatment in best interests: Form for patients aged 16 years and over who may lack the capacity to consent to examination or treatment.

(FORM 3 has been discontinued)

Consent Form 2: Agreement of person with parental responsibility to examination or treatment for a child under 16 years of age who is not Gillick competent (i.e. does not have sufficient maturity or intelligence to consent for themselves)

Patient details (or pre-printed label) Patient's surname/family name Patient's first names Date of birth <input type="checkbox"/> Male <input type="checkbox"/> Female NHS Number (or other identifier)	Special requirements (e.g. other language/other communication method) <small>(Please press hard to ensure all 3 copies are legible)</small>
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Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)
.....
.....

Anaesthetic This procedure will involve:
 general and/or regional anaesthesia local anaesthesia sedation none

Any extra procedures which may become necessary during the procedure
 None expected
 Blood transfusion
 Other procedure (please specify)

Statement of health professional (health professional must have appropriate knowledge of proposed procedure)

Information about the procedure/treatment
 I have explained the procedure to the child and the person with parental responsibility for him/her. In particular, I have explained:
 Intended benefits:

Significant, unavoidable or frequently occurring risks, including any risks of particular significance to this patient:

- I have also discussed:
 what the procedure is likely to involve
 any particular concerns of this patient and those with parental responsibility for him/her
 the benefits and risks of any available alternative treatments (including no treatment)

Please include details:
 I have provided the following leaflet / cd / dvd / weblink (please specify title of the leaflet and date of its issue; title of the cd/dvd and "version" if it has been amended)

Signed Date
 Name (PRINT) Job title
 Professional registration number (e.g. GMC, NMC, GDC, HCPC, etc)
 Contact details (if child/parent wish to discuss options later)

Statement of interpreter (where appropriate)
 I have interpreted the above information to the child and those with parental responsibility to the best of my ability and in a way in which I believe they can understand.

Signed Date
 Name (PRINT) Contact details

Statement and signature of person with parental responsibility

You will be offered a copy of this form. 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. The guidance notes in the inside front cover of the Consent Form Book set out the circumstances in which a person may have parental responsibility for a child.

I confirm that I have parental responsibility for this child.

- I understand:**
- the information that I have been given about the examination or treatment described on this form.
 - that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
 - that the 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).
 - 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 the child or to prevent serious harm to his or her health.

I agree to the procedure or course of treatment described on this form.

I have been told about additional procedures which may become necessary during the child's treatment. I have listed below any **procedures which I do not wish to be carried out** without further discussion (refusal of some procedures may mean the health professional has to obtain legal advice).

I do / do not agree* that students may be present during the procedure (*please delete as appropriate).

Signature Date
 Name (PRINT) Relationship to the 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 has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the child and those with parental responsibility for him/her that they have no further questions and wish the procedure to go ahead.

Signed Date
 Name (PRINT) Job title
 Professional registration number (e.g. GMC, NMC, GDC, HCPC, etc)

I confirm that I still want the procedure/treatment to go ahead.
 Parent's signature Date
 Name (PRINT)

Person with parental responsibility has withdrawn consent
 Ask person with parental responsibility to sign/date here and write "VOID" across all pages of the form.

Parent's signature Date
 Name (PRINT)

Top copy of form must be retained in the patient's notes.
Copy offered to parent: Welsh copy / English copy / Declined by parent (please circle)

Ffurflen Ganiatâd 2: Cydsyniad rhywun â chyfrifoldeb rhiant i roi archwiliad neu i ddarparu triniaeth i blentyn dan 16 oed nad yw'n gymwys yn ôl safon *Gillick* (h.y. heb fod yn ddigon aeddfed a deallus i gydsynio drostynt eu hunain)

<p>Manylion y claf (neu label wedi'i argraffu ymlaen llaw)</p> <p>Cyfenw/enw teulu'r claf</p> <p>Enwau cyntaf y claf</p> <p>Dyddiad geni</p> <p><input type="checkbox"/> Gwryw <input type="checkbox"/> Benyw</p> <p>Rhif GIG (neu fanylion adnabod eraill).....</p>	<p>Gofynion arbennig</p> <p>(e.e. iaith arall/dull arall o gyfathrebu)</p> <p>.....</p> <p>.....</p> <p>(Pwyswch yn galed i sicrhau bod y 3 chopi yn gwbl glir)</p>
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Enw'r driniaeth arfaethedig (dylid rhoi esboniad cryno os nad yw'r term meddygol yn glir)

.....

.....

.....

Anesthetig Bydd y driniaeth hon yn cynnwys:

anesthesia cyffredinol ac/neu anesthesia rhanbarthol anesthesia lleol tawelydd dim

Unrhyw driniaethau ychwanegol a allai ddod yn angenrheidiol yn ystod y driniaeth

Dim disgwyl y bydd angen unrhyw driniaeth ychwanegol

Trallwysiad gwaed

Triniaeth arall (nodwch).....

Datganiad y gweithiwr iechyd proffesiynol (rhaid i'r gweithiwr iechyd proffesiynol fod â gwybodaeth briodol am y driniaeth arfaethedig)

Gwybodaeth am y driniaeth

Rwyf wedi egluro'r driniaeth i'r plentyn ac i'r sawl sydd â chyfrifoldeb rhiant drosto. Yn arbennig, rwyf wedi esbonio:

Buddion y bwriedir eu cael:

.....

Risgiau sylweddol, risgiau na ellir eu hosgoi neu risgiau sy'n digwydd yn aml, gan gynnwys unrhyw risgiau o arwyddocâd arbennig i'r claf hwn:

.....

.....

Rwyf hefyd wedi trafod:

beth sy'n debygol o fod ynghlwm yn y driniaeth

unrhyw bryderon penodol sydd gan y claf hwn a'r rhai sydd â chyfrifoldeb rhiant drosto

buddion a risgiau unrhyw driniaethau eraill sydd ar gael (gan gynnwys dim triniaeth o gwbl)

Rowch fanylion:

Rwyf wedi darparu'r daflen/ cd / dvd / dolen we isod (nodwch deitl y daflen a dyddiad ei chyhoeddi; teitl y cd/dvd a'r "fersiwn" os cafodd ei ddiwygio)

Llofnod Dyddiad

Enw (LLYTHRENNAU BRAS) Teitl swydd

Rhif cofrestru proffesiynol (e.e. GMC, NMC, GDC, HCPC, ac ati):

Manylion cyswllt (os bydd y plentyn/rhiant am drafod opsiynau yn ddiweddarach).....

Datganiad y cyfieithydd/dehonglydd (pan fo'n briodol)

Rwyf wedi cyfleu'r wybodaeth uchod i'r plentyn ac i'r rhai sydd â chyfrifoldeb rhiant eithaf fy ngallu ac mewn ffordd y gallant ei deall yn fy marn i.

Llofnod Dyddiad

Enw (LLYTHRENNAU BRAS) Manylion cyswllt

Datganiad a llofnod y sawl sydd â chyfrifoldeb rhiant

Byddwn yn cynnig copi o'r ffurflen hon i chi. Os oes gennych unrhyw gwestiynau eraill, cofiwch ofyn - rydym yma i'ch helpu chi a'ch plentyn. **Cewch newid eich meddwl unrhyw bryd**, gan gynnwys ar ôl i chi lofnodi'r ffurflen hon. Mae'r nodiadau cyfarwyddyd y tu mewn i glawr blaen y Llyfr Ffurflenni Caniatâd yn nodi'r amgylchiadau lle gall rhywun fod â chyfrifoldeb rhiant dros blentyn.

Rwy'n cadarnhau bod gennyf gyfrifoldeb rhiant dros y plentyn hwn.

- Rwy'n deall**
- yr wybodaeth rwyf wedi'i chael am yr archwiliad neu'r driniaeth a ddisgrifwyd yn y ffurflen hon.
 - na allwch sicrhau y bydd rhywun penodol yn cyflawni'r driniaeth. Fodd bynnag, bydd gan yr unigolyn brofiad priodol.
 - y caiff y plentyn a minnau'r cyfle i drafod manylion anesthesia gydag anesthetydd cyn y driniaeth, oni fydd natur frys y sefyllfa yn atal hyn. (Dim ond i blant sy'n cael anesthesia cyffredinol neu anesthesia rhanbarthol y mae hyn yn berthnasol.)
 - mai dim ond os yw'n angenrheidiol i achub bywyd y plentyn neu i atal niwed difrifol i'w iechyd y darperir unrhyw driniaeth yn *ychwanegol* at y rhai a ddisgrifir yn y ffurflen hon.

Rwy'n cytuno i'r driniaeth a ddisgrifir yn y ffurflen hon.

Rwyf wedi cael gwybod am driniaethau ychwanegol a allai fod yn angenrheidiol yn ystod triniaeth y plentyn. Isod rwyf wedi rhestru **unrhyw driniaethau nad wyf am iddynt gael eu rhoi** heb drafodaeth bellach (gall gwrthod rhai triniaethau olygu bod rhaid i'r gweithiwr iechyd proffesiynol gael cyngor cyfreithiol).

.....

.....

Rwyf yn cytuno/Nid wyf yn cytuno* y gall myfyrwyr fod yn bresennol yn ystod y driniaeth (*dilêwch fel sy'n briodol).

Llofnod Dyddiad

Enw (LLYTHRENNAU BRAS) Perthynas â'r plentyn

Cydsyniad y plentyn i driniaeth (os yw'r plentyn am lofnodi)

Rwy'n cytuno i gael y driniaeth rwyf wedi cael gwybod amdani.

Enw Llofnod

Dyddiad

Cadarnhau caniatâd (i'w gwblhau gan weithiwr iechyd proffesiynol pan dderbynnir y plentyn i'r ysbyty ar gyfer y driniaeth, os yw'r rhiant/y plentyn wedi llofnodi'r ffurflen ymlaen llaw)

Ar ran y tîm sy'n trin y claf, rwyf wedi cadarnhau gyda'r plentyn a'r rhai sydd â chyfrifoldeb rhiant drosto nad oes ganddynt unrhyw gwestiynau eraill a'u bod am i'r driniaeth fynd yn ei blaen.

Llofnod Dyddiad

Enw (LLYTHRENNAU BRAS) Teitl swydd

Rhif cofrestru proffesiynol (e.e. GMC, NMC, GDC, HCPC, ac ati).....

Rwyf yn cadarnhau fy mod am barhau â'r driniaeth.

Llofnod rhiant y claf Dyddiad

Enw (LLYTHRENNAU BRAS)

Mae'r sawl sydd â chyfrifoldeb rhiant wedi tynnu caniatâd yn ôl

Gofynnwch i'r sawl sydd â chyfrifoldeb rhiant lofnodi/rhoi'r dyddiad yma ac ysgrifennu **"DI-RYM"** ar holl dudalennau'r ffurflen.

Llofnod rhiant y clafDyddiad

Enw (LLYTHRENNAU BRAS)

Rhaid cadw'r copi uchaf o'r ffurflen hon gyda nodiadau'r claf.
Wedi cynnig copi i'r claf: copi Cymraeg / copi Saesneg / wedi'i wrthod gan riant y claf (rhowch gylch)

Consent Form 2: Agreement of person with parental responsibility to examination or treatment for a child under 16 years of age who is not Gillick competent (i.e. does not have sufficient maturity or intelligence to consent for themselves)

Patient details (or pre-printed label) Patient's surname/family name Patient's first names Date of birth <input type="checkbox"/> Male <input type="checkbox"/> Female NHS Number (or other identifier)	Special requirements (e.g. other language/other communication method) <small>(Please press hard to ensure all 3 copies are legible)</small>
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Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)
.....
.....
.....

Anaesthetic This procedure will involve:
 general and/or regional anaesthesia
 local anaesthesia
 sedation
 none

Any extra procedures which may become necessary during the procedure
 None expected
 Blood transfusion
 Other procedure (please specify)

Statement of health professional (health professional must have appropriate knowledge of proposed procedure)

Information about the procedure/treatment
I have explained the procedure to the child and the person with parental responsibility for him/her. In particular, I have explained:
Intended benefits:

.....
Significant, unavoidable or frequently occurring risks, including any risks of particular significance to this patient:
.....
.....

I have also discussed:
 what the procedure is likely to involve
 any particular concerns of this patient and those with parental responsibility for him/her
 the benefits and risks of any available alternative treatments (including no treatment)

Please include details:
 I have provided the following leaflet / cd / dvd / weblink (please specify title of the leaflet and date of its issue; title of the cd/dvd and "version" if it has been amended)

Signed Date
Name (PRINT) Job title
Professional registration number (e.g. GMC, NMC, GDC, HCPC, etc)
Contact details (if child/parent wish to discuss options later)

Statement of interpreter (where appropriate)
I have interpreted the above information to the child and those with parental responsibility to the best of my ability and in a way in which I believe they can understand.

Signed Date
Name (PRINT) Contact details

Statement and signature of person with parental responsibility
You will be offered a copy of this form. 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. The guidance notes in the inside front cover of the Consent Form Book set out the circumstances in which a person may have parental responsibility for a child.

I confirm that I have parental responsibility for this child.

I understand:

- the information that I have been given about the examination or treatment described on this form.
- that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- that the 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).
- 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 the child or to prevent serious harm to his or her health.

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I have been told about additional procedures which may become necessary during the child's treatment. I have listed below any **procedures which I do not wish to be carried out** without further discussion (refusal of some procedures may mean the health professional has to obtain legal advice).
.....
.....

I do / do not agree* that students may be present during the procedure (*please delete as appropriate).

Signature Date
Name (PRINT) Relationship to the 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 has signed the form in advance)
On behalf of the team treating the patient, I have confirmed with the child and those with parental responsibility for him/her that they have no further questions and wish the procedure to go ahead.

Signed Date
Name (PRINT) Job title
Professional registration number (e.g. GMC, NMC, GDC, HCPC, etc)

I confirm that I still want the procedure/treatment to go ahead.
Parent's signature Date
Name (PRINT)

Person with parental responsibility has withdrawn consent
Ask person with parental responsibility to sign/date here and write "VOID" across all pages of the form.

Parent's signature Date
Name (PRINT)

Top copy of form must be retained in the patient's notes.
Copy offered to parent: Welsh copy / English copy / Declined by parent (please circle)