The COLLEGE of PODIATRY

Kings Hill Podiatry

Parental Consent Form

Parental consent to investigation or treatment for use when patient's aged 17 or younger lack capacity to consent

Patient's surname .....

First name .....

Date of birth .....

Name of proposed procedure or course of treatment *(use lay terms whenever possible)*

.....

.....

.....

I am satisfied that the patient does not have capacity to give consent. I have recorded the reasons for reaching that conclusion in the patient's clinical records.

I have explained the procedure and what it will involve to the patient. In particular, I have explained; the following intended benefits:

.....

.....

I have also explained the following serious or frequently occurring risks:

.....

.....

I have explored the patient's particular circumstances and I note the following matters which may be relevant to this patient's decision making:

.....

.....

I have I have also discussed the benefits and risks of the following available alternative treatments:

.....

.....

I have answered any particular concerns raised by the patient and/or their parent/guardian and I have explored their reasons for deciding to proceed with this treatment. I have advised of the anticipated recovery period and of any restrictions which apply during that period. I have recorded the key aspects of my discussions with the patient in the clinical records.

Signed (Podiatrist) ..... Date ..... / ..... / .....

Name (PRINT) .....

To be completed by the parent or guardian

I am the patient's parent/guardian and I confirm that the procedure has been satisfactorily explained; I have raised any questions or concerns which I have about the proposed treatment; and I consent to the procedure/treatment referred to above.

Parent's signature ..... Date ..... / ..... / .....

Name (PRINT) .....

Relationship to child .....

To be completed by the young person

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

Signed ..... Date ..... / ..... / .....

Name (PRINT) .....

To be completed by the podiatrist on the day of the procedure

Confirmation of consent: I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead

Signed (Podiatrist) ..... Date ..... / ..... / .....

Name (PRINT) .....

Patient Name:

DoB: