

Appendix C. Exemplar consent form

Any hospital adopting these guidelines should ensure that they comply with their employer's policies and regulations – and should be endorsed accordingly.	Employing organisation
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Patient identifier detail/label

Name: _____

Date of birth: _____

NHS number: _____

Male/female: _____

Sections 1 and 2 to be completed by the referring doctor

1. Details of proposed radiological investigations

I have explained the procedure to the person with parental responsibility for the child, or accompanying member of staff if that individual is attending with the child, including:

- When and where the examination will take place (if known)
- Who will be present and who will take the images
- Requirement for child to be kept still and possible methods
- Nature of images to be acquired, for example, head CT scan, X-ray images etc.
- Need for follow-up imaging
- Process and timescale for results
- Possible further radiological examinations etc.
- Provided the advice leaflet
- Additional information:

The reasons for the radiological investigation(s):

Any risks associated with the investigation(s):

Signature of referring doctor:

Date:

Name (print):

Job Title:

2. Where applicable: Details of any court order supporting this examination, for example, Emergency Protection Order or equivalent

• Court order number: _____

• Additional information, for example, date of expiry: _____

TO BE COMPLETED BY THE INTERPRETER (IF PRESENT):

3. I have, to the best of my ability; accurately communicated the information provided by the doctor to the person with parental responsibility and relayed any queries back to the doctor.

Signed: _____

Date: _____

Name (print): _____

Special requirements

4. The communication and access needs of the person with parental responsibility have been met, for example, language interpretation, sign language, access needs etc. (circle which is appropriate)

- No specific needs identified
- Yes

If yes please state what was provided: _____

To be completed by the person with parental responsibility/legal guardian

5. To be completed by the person with parental responsibility:

- I confirm that I have legal responsibility for this child.
- I agree to the radiological investigation(s) described on this form being performed on my child.
- I confirm I have had the opportunity to have any questions about the procedure answered.
- Should sedation or general anaesthetic be required I understand that I will have the opportunity to discuss the details with the paediatrician or anaesthetist. I understand an additional consent form will be required.

Signature: _____

Date: _____

Name (print): _____

Relationship to child: _____

Section 6 and 7 to be completed by lead radiographer on admitting child to imaging room for procedure

6. Confirmation of agreement

I have:

- Confirmed the identity of the child with the person with parental responsibility
- Checked that they have no further questions

- Checked prior documentation of consent
- Ensured that they give permission for the radiological examination(s) including any required immobilisation to go ahead.

Signed: _____ Date: _____

Name(print):. _____ Job title: _____

7. If the person with parental responsibility withdraws consent at any time during procedure, signature is required below, along with the reason for withdrawal.

Reason: _____

Signed (person with parental responsibility): _____

Date: _____ Time: _____

Signed (radiographer): _____

Date: _____ Time: _____