

Additional Student Consent for Intimate Procedures

Child/Young Person (under 18 years)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Does the patient have capacity?

Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure/treatment/investigation/examination and the consequences of non-treatment – ‘Gillick competence’ (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112)

→ **GO TO section B**

No Parent/legal guardian/other person* with parental rights and responsibilities to provide consent and complete this form

→ **COMPLETE section A**

*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health ‘Guide to Informed Decision-making in Health Care’ and local policy and procedures. Complete the source of decision-making authority as applicable below.

If applicable, source of decision-making authority (*tick one*):

Court order → Court order verified

Legal guardian → Documentation verified

Other person* → Documentation verified

Name of parent/legal guardian/other person*:

Relationship to child/young person:

B. Previous consent

You have already signed a consent form for your procedure. This additional consent form asks you to consent to a clinical student(s) observing/assisting and/or conducting intimate examination(s) or procedure(s) for education purposes.

An intimate procedure relates to a procedure that is in an intimate area, usually the breasts, genitalia or an internal examination (vaginal or rectal). The patient's cultural values and beliefs may also determine what is considered intimate.

C. Student examination/procedure for professional training purposes

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/parent/legal guardian/other person* consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s) Yes No
- assist with examination(s)/procedure(s) Yes No
- conduct examination(s)/procedure(s) Yes No

Patient/parent/legal guardian/other person* consent

Name of patient/parent/legal guardian/other person*:

Signature:

Date:

I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this treatment (*not applicable if the child/young person is Gillick competent and signs this form*).

D. Information for the doctor/clinician

I have explained to the patient/parent/legal guardian/other person* this additional information and I am of the opinion that it has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date: