

# Patient information

## Consent for treatment - children and young people under 18 years of age

Welcome to the West Suffolk Hospital

..... Department.

When a child has been referred for treatment, consent for this treatment or planned surgery, consent for this is required either by the child or the person with parental responsibility for the child.

**Without this the treatment cannot take place, with the exception of any emergency treatment.**

We may seek further consent should the treatment change.

### When is a child considered competent to consent?

A young person aged 16-18 years can give consent for themselves if they have the capacity to do so.

Children under 16 years may also give consent, but they must have the maturity to understand fully the nature of the treatment, risks, benefits and alternatives.

### Parental responsibility

This refers to the rights, duties, powers and responsibilities that most parents have in respect of their children.

***If you do not have parental responsibility*** we are unable to involve you in decisions about the health care of the child.

### Who has it?

A child can only have two legal parents but there is no limit to the number of people

who can share parental responsibility.

- Birth mothers automatically have parental responsibility.
- An adoptive parent will acquire parental responsibility on adoption.
- A father who is married to the mother at the time of the birth and named on the certificate. This will not be lost if the parents later divorce.
- An unmarried father whose name is on the certificate for a birth registered **after** 1st December 2003.
- A child's legal parent, who is named on their birth certificate or adoption certificate, will have parental responsibility.
- Non-birth mothers, who are not considered legal parents but who are married or in a civil partnership with the birth mother, can acquire parental responsibility by signing an agreement with the birth mother.
- For same sex male relationships, an order can be gained which is issued by the Court to the intended parents of a surrogate child and extinguishes the legal parenthood of the surrogate mother and, if she has one, her partner. The order reassigns legal parenthood and parental responsibility to the intended parents.
- Any family member in receipt of a Special Guardianship Order will have parental responsibility for the duration stated on the order eg grandparents.

## Who does not automatically have it?

Unmarried fathers do not automatically have parental responsibility. They can gain this by:

- Marrying the mother.
- Having his name registered or re-registered on the birth certificate. (*An unmarried father on a birth certificate **before** 1st December 2003 will not have parental responsibility and will need to re-register.*)
- Making a parental responsibility agreement with the mother.
- Obtaining a parental responsibility order from the Court.
- Obtaining a residence order from the Court.
- Becoming the child's guardian on the mother's death.

- Step parents can apply for parental responsibility through a legally bound agreement
- **If the child is subject to a care order and placed in foster care**, responsibility is shared between the parents and Local Authority. Consent can be given by a senior manager within Social Services and the child's social worker should be instrumental in obtaining this.

**Please ensure that an appropriate person with parental responsibility accompanies your child to their treatment.**

If you have any questions arising from this leaflet please discuss this with a member of the nursing or medical staff at your appointment.

A useful guide to parent responsibility can be found at:

[www.childrenslegalcentre.com](http://www.childrenslegalcentre.com)

and [www.stonewall.org.uk](http://www.stonewall.org.uk)

**References:**

*Children's Legal Centre; 'Parental Responsibility' July 2006.*

*Aneurin Bevan Health Board: 'Parental responsibility' Children's Occupational Therapy. June 2010.*




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## Consent Form

I .....  
 (Print name)

**Hold parental responsibility for:** .....  
 (Print child's name)

**And consent for treatment to my child who in my absence will be accompanied by:**  
 .....  
 .....  
 .....  
 (Name/s of delegated accompanying adult/s)

**My contact telephone number is:** .....

**Signature:** .....