

**FORM 33**

APPLICATION FOR CONSENT TO MEDICAL TREATMENT OR SURGICAL OPERATION BY  
MINISTER

**(Regulation 53(1))**

**[SECTION 129(7) OF THE CHILDREN'S ACT 38 OF 2005]**

**Part A: Details concerning the applicant, the child, the particulars of the person/institution providing medical treatment or performing the surgical operation and the parent/guardian assisting the child**

Full name of child	
Date of Birth/ID number/passport no*	
Address of child	
Contact details	
Age of child	

\*Please attach copy of birth certificate/ ID Number/ Passport where applicable

**Applicant details**

Full name of applicant	
Date of Birth/ID number/passport no*	
Address of child	
Contact details	
Relationship to child/official designation/other details explaining why applicant in this matter	

Particulars of person/hospital/clinic/surgery/other institution\* providing medical treatment/performing surgical operation

Name	
Practice no/hospital/clinic/surgery/ staff position	
Address	
Contact details	
Nature of surgical operation	
Details of other institution performing surgical operation*	

\*Please furnish details concerning the name and type of institution in the space provided

**Part B: Details of medical treatment/surgical operation**

Please provide detailed description of envisaged medical treatment or surgical operation and reason(s) why this treatment or operation is required:-

.....  
 .....  
 .....  
 .....

**Part C: Motivation for seeking consent of the Minister**

- Parent/guardian unreasonably refusing to give consent or to assist the child in giving consent

Motivation:.....  
.....  
.....  
.....  
.....

- Parent/guardian incapable of giving consent or of assisting the child to give consent

Motivation:.....  
.....  
.....  
.....

- Parent cannot readily be traced/ is deceased\*

Steps taken to trace  
parents:.....  
.....  
.....

\* attach copy of parent's or guardian's death certificate

- Child unreasonably refusing to give consent

Motivation.....  
.....  
.....  
.....

**Part D: Consent/ refusal of consent by Minister**

- I .....(insert name) duly authorized, hereby give consent for the medical treatment to be given to/surgical operation to be perform upon (delete whichever is not applicable) .....(insert child's name).
- I .....(insert name), duly authorized, do not consent to the medical treatment/ the performance on the surgical operation applied for.

Tick whichever is applicable

.....

Signature

.....  
Full name

.....  
Designation

.....

Date



**FORM 34**

**CONSENT TO SURGICAL OPERATION BY A CHILD**

**(Regulation 54(1), (2))**

**[SECTION 129(3) OF THE CHILDREN'S ACT 38 OF 2005]**

NB Child to be 12 years of age or older and of sufficient maturity and having the mental capacity to understand the benefits, risks and social implications of the surgical operation

**Part A: Details concerning the child, the particulars of the person performing the surgical operation or institution where it is to be performed and the parent/guardian assisting the child**

Full name of child	
Date of Birth/ID number/passport no	
Address of child	
Contact details	
Age of child (12 or older)	

Particulars of person/hospital/clinic/surgery/other institution\* performing surgical operation

Name	
Practice no/hospital/clinic/surgery/ staff position	
Address	
Contact details	
Nature of surgical operation	
Details of other institution performing surgical operation*	

\*Please furnish details concerning the name and type of institution in the space provided

Particular of parent(s) or guardian(s) assenting to surgical operation

Parent/Guardian 1

Full name of parent/guardian	
Date of Birth/ID number/passport no	
Address of parent	
Contact details	
Relationship to child	

Parent/guardian 2 (where necessary or desirable)

Full name of parent/guardian	
Date of Birth/ID number/passport no	
Address of parent	
Contact details	
Relationship to child	

**Part B: Explanation of nature, consequences, risks and benefits of surgical operation**

I .....(name of person seeking child's consent to perform a surgical operation) confirm that I have explained to .....(name of child consenting to surgical operation) the following in a manner that is understandable to the child: -

- The nature of the problem requiring a surgical operation
- The most suitable surgical operation in my opinion
- Any risks associated with the surgical operation
- The benefits associated with surgical operation
- Any alternative forms of treatment
- The social implications of the treatment or surgical operation (if any)

- Any other implications or possible consequences of the surgical operation (specify in space provided below)

.....  
.....  
.....

I have given the child an opportunity to ask questions relating to the above.

I have satisfied myself that the child is 12 years or older and sufficient maturity and has the mental capacity to understand the risks, benefits, social and other implications of the surgical operation.

I have satisfied myself that..... (insert name of parent(s)/guardian(s)) has duly assisted the child to give consent to the surgical operation.

-----  
Signature of person seeking consent to perform the surgical operation

.....  
Name of person seeking consent to perform the surgical operation (write in full )

.....  
Designation of person seeking consent to perform the surgical operation

Date:

**Part C Consent of the child.**

I, .....(insert child's name)  
understand that the following surgical operation is going to be performed on me:

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I.....(insert child's name)  
understand the risks and benefits and possible consequences of this surgical operation that have been explained to me, and I confirm that I have been given an opportunity to ask questions about my condition, alternative forms of treatment, and the risks of non-treatment, and possible consequences of the surgical operation.

I believe that I have sufficient information to give my informed consent, and do so freely.

-----  
Signature of child

.....  
Name of Child (write in full)

Date.....

I.....(insert name of parent(s) or guardian (s) assisting the child to consent to a surgical operation) confirm that the child is 12 years or older and is of sufficient maturity and has the mental capacity to understand the benefits, risks, social and other implications of the following surgical operation.....(insert type of surgical operation), and that .....(insert name of child) has been duly assisted by me to furnish consent.

-----  
Signature parent(s)/guardian(s)

.....  
Full name of parent or guardian

.....  
Date

**FORM 35**

**CONSENT TO SURGICAL OPERATION OF A CHILD BY A PARENT WHO IS AGED BELOW 18 YEARS**

**(Regulation 55(2))**

**[SECTION 129(3) OF THE CHILDREN'S ACT 38 OF 2005]**

**Part A: Details concerning the child, the parent aged under 18 years of the child upon whom the surgical operation is to be performed, the parent(s) or guardian of the child parent aged below 18 years, and the particulars of the person performing the surgical operation or institution where it is to be performed**

Child upon whom surgical operation is to be performed

Full name of child	
Date of Birth/ID number/passport no	
Address of child	
Contact details	
Age of child (12 or older)	

Parent aged below 18 years giving consent ("child parent")

Full name of child parent	
Date of Birth/ID number/passport no	
Address of child	
Contact details	
Age of child parent	

Parent/Guardian assisting the child parent to give consent

Full name of parent/guardian	
Date of Birth/ID number/passport no	
Address of parent	
Contact details	
Relationship to child parent	

Particulars of person/hospital/clinic/surgery/other institution\* performing surgical operation

Name	
Practice no/hospital/clinic/surgery/ staff position	
Address	
Contact details	
Nature of surgical operation	
Details of other institution performing surgical operation*	

\*Please furnish details concerning the name and type of institution in the space provided

**Part B: Explanation of nature, consequences, risks and benefits of surgical operation**

I .....(name of person seeking consent to perform a surgical operation) confirm that I have explained to .....(name of child parent consenting to surgical operation) the following in a manner that is understandable to him /her: -

- The nature of the problem requiring a surgical operation
- The most suitable surgical operation in my opinion
- Any risks associated with the surgical operation
- The benefits associated with surgical operation
- Any alternative forms of treatment
- The social implications of the treatment or surgical operation (if any)
- Any other implications or possible consequences of the surgical operation (specify in space provided below)

.....  
.....  
.....

I have given the child parent an opportunity to ask questions relating to the above.

I have satisfied myself that the child parent is 12 years or older and of sufficient maturity and has the mental capacity to understand the risks, benefits, social and other implications of the surgical operation upon .....(insert name of child upon whom surgical operation is to be performed).

I have satisfied myself that..... (insert name of parent(s)/guardian(s)) has duly assisted the child giving consent to the surgical operation.

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Signature of person seeking consent to perform the surgical operation

.....  
Name of person seeking consent to perform the surgical operation (write in full)

.....  
Designation of person seeking consent to perform the surgical operation

Date:

**Part C Consent of the child parent.**

I, .....(insert name of child parent) understand that the following surgical operation is going to be performed (insert type of surgical operation):

.....  
on.....(insert name of child upon whom surgical operation to be performed).

I understand the risks and benefits and possible consequences of this surgical operation that have been explained to me, and I confirm that I have been given an opportunity to ask questions about the health condition of my child, alternative forms of treatment, and the risks of non-treatment, and possible consequences of the surgical operation.

I believe that I have sufficient information to give my informed consent, and do so freely.

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Signature of child parent

.....  
Name of child parent (write in full)

Date.....

I.....(insert name of parent(s) or guardian (s)) assisting the child parent to consent to a surgical operation) confirm that he / she is 12 years or older and is of sufficient maturity and has the mental capacity to understand the benefits, risks, social and other implications of the following surgical operation.....(insert type of surgical operation), and that .....(insert name of child) has been duly assisted by me to furnish consent.

-----  
Signature parent(s)/guardian(s)

.....  
Full name of parent or guardian

.....  
Date