

**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:-

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

Motivation:.....  
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- Parent cannot readily be traced/ is deceased\*

Steps taken to trace  
parents:.....  
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\* attach copy of parent's or guardian's death certificate

- Child unreasonably refusing to give consent

Motivation.....  
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**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

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Signature

.....  
Full name

.....  
Designation

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Date

