

**Informed surgical procedure minor**

When the patient is a minor, his parents/legal guardian are exercising the underage patient's rights. The parents give an informed consent. In case the minor is considered to be able to make a reasonable assessment of his interests, he/she may exercise his/her rights as a patient independently. The minor him/herself shall give an informed consent.

Dear madam, dear sir,  
Dear miss, dear sir,

As representative of an underage patient/ legally capable underage patient, you are entitled to information about the state of health of the minor/your state of health and about the recommended procedure. You shall only be able to make such a decision when you are sufficiently informed about the reason, purpose, duration, nature of the treatment, the degree of urgency, the frequency, contraindications, side effects physically as well as psychologically, relevant risks, possible alternative treatments, consequences in case of refusing or withdrawing consent, the aftercare and recovery period with possible complications and the cost. This information isn't meant to alarm or worry you. Its purpose is to inform you sufficiently so you can make an informed decision whether the minor/you shall undergo the treatment/procedure.

Speak with your doctor in case you don't (fully) comprehend the information. The doctor shall make time to answer any further questions.

I, undersigned .....  
 If applicable, legal representative of ..... ,  
 born on ..... / ..... / .....  
 explicitly declare that during the consultation of doctor ..... on ..... / ..... / .....  
 we agreed to carry out the procedure ..... on ..... / ..... / ..... in the  
 Sint-Vincentius hospital Deinze.

The procedure will be carried out:

- under local anaesthetic
  - under regional anaesthetic
  - under general anaesthetic
- performed by the doctor, possibly assisted by residents and/or assistants.

- The treating doctor has given me on ..... / ..... / ..... correct information regarding the state of health of the minor and the diagnose ( ) which makes this procedure necessary.
- The doctor has informed me in layman's terms about the importance of the suggested procedure as well as about what the consequences may be when the above-mentioned procedure isn't carried out. The doctor also explained to me about alternative methods – if any – with their pros and cons.
- The doctor has clearly described to me the nature and the purpose of the procedure. He also explained to me the contraindications, the discomforts that (may) result from it as well as the side effects, the risks and the possible short-term or long-term complications. I've also been explained about the aftercare and the recovery period.

- I understand that the list of possible complications can never be complete and that there cannot be reached an agreement regarding the result.
- The doctor explained to me that the medical team may be forced while carrying out the procedure to expand the planned procedure/treatment with additional treatments different to the one which were discussed initially due to unforeseen circumstances, but which are absolutely necessary from a medical point of view. I've been informed about the fairly foreseeable expansions. So, I hereby give my doctor consent to perform any action which are medically necessary for maintaining or fixing the state of health of the minor.
- I've also been informed that depending on the selected room type additional room- honorary fees (150% honorary fee when choosing a single room) may be charged, as stipulated in the admission statement which shall be presented to me for signing at the moment I'm hospitalised. For further questions regarding the cost and billing, I can turn to the billing department. I shall inform myself about the extent to which my hospital insurance shall cover my costs.
- Regarding the taking of photographs of the treatment/procedure for scientific purposes:
  - I give consent that there are clinical photographs taken before, during and after the procedure as addition to the medical file.
  - I don't give consent.
- I've had the opportunity to ask questions and the doctor has responded in a sufficient and complete way. I've understood his answers perfectly.
- I give hereby consent to carry out the planned procedure as described above under the terms which are stipulated above.
- I'm aware that I cannot be for 100 % guaranteed of the outcome of this procedure despite the best care of the treating doctor, the other medical, nursing and caregiving staff.
- I declare to have fully informed the doctor about the minor's/my previous state of health and to have answered the questions about it truthfully.

This document is added to the medical file.

Drawn up in Deinze on ..... / ..... / .....

Name and signature representative with mentioning "Having read and approved"

OR Name and signature of the underage patient with mentioning "Having read and approved"