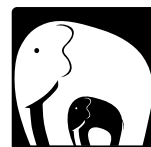


# CONSENT TO OPERATE ON A CHILD



**Dr Ali  
Makepeace**  
Paediatric ENT

MBChB (UCT), FCORL (SA), MMED (Wits),  
Paediatric ENT Fellowship (UK)

I, \_\_\_\_\_, Parent to \_\_\_\_\_,  
hereby give Dr Ali Makepeace consent to perform the **following operation on my child:**

- Dr Ali Makepeace has explained in clear terms what the operation involves, what the purpose of the operation is, the risks and benefits involved, and the possibility of any other treatment options. She has also explained the possible complications from the procedure. I was given the opportunity to ask any questions and was satisfied with the explanation given. I understand that the outcomes of the procedure are not always 100% guaranteed.
- My consent is given understanding that there are given risks and hazards. It was explained to me that the most common risks involved include, but are not limited to: bleeding, leaking ears, infection, anaesthetic complications, pain, damage to teeth, lips or gums. I am also aware that as this procedure is under a general anaesthetic there is a risk of pneumonia, stroke, heart attack, allergic reactions and blood clots. These may be fatal.
- As all procedures carry the risk of above mentioned complications, I am giving my consent to any emergency procedures that Dr Ali Makepeace, or the rest of the team, feel necessary in order to reduce the risk or avoid further complications or death. I understand that the team will discuss this with me as far as possible without further increasing the risk. I have the right to consent or refuse any further procedures.
- I consent to observers in the room for educational purposes.
- I consent to photographs or videos being taken for educational procedures. For teaching, for publication or for sharing with medical colleagues. The identifying features of the child will be protected as far as is possible. These images will not be published with the names of the patient or their family. They will not be shared on social media.
- I consent to the disposal of any human tissue or body part that may be removed in the surgery to be disposed of in medical waste.
- I understand that there is a risk to teeth during the procedure, especially when the teeth are loose, decayed or artificial. I waive any right to claim damages to teeth as a result of the procedure.
- I understand that my child will only be released when the medical staff are satisfied with his/her condition. He/she will only be released to either parent or legal guardian in order for post operative instructions to be carefully laid out.
- I will not hold Dr Ali Makepeace or any of her team at the hospital liable for loss or damage to personal property such as valuables, money, jewellery or mobile telephones which I have brought to the hospital and understand that these are my own responsibility to care for while my child is in hospital for the operative procedure.
- I understand that should Dr Ali Makepeace or any of her team experience a surgical injury while operating, that it is standard practice to obtain a blood sample for testing for HIV, CD4 count, Hepatitis B and C and other non-infective tests. I understand that I have the right to be informed of such an event and it is my decision as to whether I receive the results or not.
- In the light of COVID-19, Dr Ali Makepeace, has explained the risks associated with being admitted to hospital and to the patient during surgery. I understand the need for precautionary personal protective equipment in the theatre complex. I also understand the need for testing and agree to hospital protocols. This is in regard to admission procedure, visiting rights, surgery and post operative procedures. I have been offered all information and am satisfied to continue with the procedure. I understand the need to postpone surgery should the screening reveal a positive result, unless it is life or limb saving procedures.

## My below signature identifies signifies acknowledgment that:

- I have read and understand the above.
- The proposed surgery has been explained to me and that I have all the information that I require.
- I hereby give my authorised consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

## Surgeon's attestation:

Prior to the procedure, I discussed the condition requiring treatment and the nature, purpose and risks of the operation. I also discussed possible alternative treatment options and the possibilities of complications with my patient's authorised carer. I provided the family with adequate time for questions and answers and I felt, in my professional capacity, that they understood the procedure, risks and possible outcomes. I have reviewed the surgical consent and confirmed the proposed procedure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time