**Consent form for diagnosis and possible treatment**

**Team Child and Family**

**(for patients under 16 years old)**

**(a consent form must be completed for each child)**

**Data child**

|  |  |
| --- | --- |
| First name and last name |  |
| Address |  |
| Postal code / place of residence |  |
| Date of birth |   |
| BSN number |   |

**Data parent(s)/care giver(s):**

|  |  |
| --- | --- |
| First and last name parent 1: |  |
| Initials: |  |
| Does parent 1 have authority over the client?: | [ ]  Yes / [ ]  No |
| Address parent 1: |   |
| Postal code / place of residence parent 1: |   |
| (Mobile) telephone number parent 1: |   |
| Email address parent 1: |  |
| Client lives with parent 1: | [ ]  Yes / [ ]  No |
|  |  |
| First and last name parent 2:  |   |
| Initials: |  |
| Does parent 2 have authority over the client?: | [ ]  Yes / [ ]  No |
| Address parent 2: |  |
| Postal code / place of residence parent 2: |  |
| (Mobile) telephone number parent 2: |  |
| Email address parent 2: |  |
| Client lives with parent 2: | [ ]  Yes / [ ]  No |
|  |  |
| Is there a divorce and/or co-parenting situation? |  |
| For a child over 16 years old: are parents aware of the registration? | [ ]  Yes / [ ]  No |

**Other persons involved; caregiver/guardian**

|  |  |
| --- | --- |
| Relationship to client: |  |
| Name: |   |
| Address: |   |
| Postal code / place of residence: |   |
| (Mobile) telephone number |  |
| Email address: |  |
| Does the person involved have authority over the client? | [ ]  Yes / [ ]  No  |

If a child or adolescent under the age of 16 is registered with ARQ Centrum'45, all legal representatives of the child must give permission for this.

By signing this form, the legal representatives confirm that they agree with diagnostic testing and/or treatment (if indicated) within ARQ Centrum'45. Adolescents aged 12 or older must also agree to the registration.

|  |  |
| --- | --- |
| *Authoritative parent/caregiver/guardian:* | *Authoritative parent/caregiver/guardian:* |
| **Contact details** |  |
| Name: Signature:Date: | ……………………………..…………………………….. | Name: Signature:Date: | ……………………………..…………………………… |

*Signature adolescent (12 years or older)*

|  |  |
| --- | --- |
| Name: Signature:Date: | ……………………………..…………………………… |