**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)/caregiver(s):**

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.

|  |  |
| --- | --- |
| 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  |

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: | ……………………………..…………………………… |