



Queensland
Government

COVID-19 Therapeutic Drugs Consent

Young Person (12–17 years)

Facility:

Medicare number:

Family name:

Given name(s):

Address:

Date of birth:

Age:

Sex: M F I

A. Therapeutic drug details

Name of therapeutic drug:

B. Does the young person have capacity?

Yes Although the person is a young person, the person may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed treatment and the consequences of non-treatment – ‘Gillick competence’ (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112)
→ **GO TO section C**

No Parent/legal guardian/other person[†] with parental rights and responsibilities to provide consent and complete this form
→ **COMPLETE section B**

If applicable, source of decision-making authority (*tick one*):

- Court order → Court order verified
 Legal guardian → Documentation verified
 Other person[†] → Documentation verified

Name of parent/legal guardian/other person[†]:

Relationship to young person:

Contact number:

C. Is an interpreter required?

Yes → **COMPLETE section C**

No → **GO TO section D**

If yes, the interpreter has:

- provided a sight translation of the informed consent form in person
 translated the informed consent form over the telephone

Name of interpreter:

Interpreter code:

Language:

D. Young person/parent/legal guardian/other person[†] consent

I acknowledge that:

- The doctor/clinician has explained to me the risks and benefits of having this COVID-19 therapeutic drug.
- I have read and understood the patient information sheet which includes details regarding all known and potential side effects associated with having the COVID-19 therapeutic drug and the effectiveness or otherwise of the COVID-19 therapeutic drug.
- I understand that I can withdraw consent at any time before the COVID-19 therapeutic drug has been given/administered.
- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this young person for this treatment.

I agree to be contacted by Queensland Health staff after I/the patient received the COVID-19 therapeutic drug, for the purpose of clinical follow-up and potential side effects that will be required to be reported to the Therapeutic Goods Administration (TGA).

• If yes, please provide your contact number:

• If I do not agree to be contacted, this will have no impact at all on any treatment and I/patient will still receive the COVID-19 therapeutic drug.

On the basis of the above statements, I hereby give consent to receive/or the person to receive the recommended doses of the COVID-19 therapeutic drug.

Name of young person/parent/legal guardian/other person[†]:

Signature:

Date:

E. Health professional attestation statement (CLINIC USE ONLY)

I have reviewed all allergies, precautions, potential contraindications and other pertinent health information regarding the COVID-19 therapeutic drug and have formed the view it is clinically appropriate for the patient to receive the COVID-19 therapeutic drug.

I have formed the opinion that the young person to be treated/parent/legal guardian/other person[†]:

- has the capacity to consent to receive the COVID-19 therapeutic drug; OR
- is authorised to consent for the person to receive the COVID-19 therapeutic drug and has the capacity to give this consent (if applicable)
- has understood the information in the patient information sheet including the risks associated with having the COVID-19 therapeutic drug
- has been provided with the opportunity to ask me or another health professional any questions relevant to the COVID-19 therapeutic drug
- gives consent to receive the recommended doses of the COVID-19 therapeutic drug.

Name of clinician:

Designation:

Signature:

Date:

[†]Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health ‘Guide to Informed Decision-making in Health Care’ and local policy and procedures.

