# FORM 33

APPLICATION FOR CONSENT TO MEDICAL TREATENT OR SURGICAL OPERATION BY

MINISTER

# (Regulation 53(1))

**[SECTION 129(7) OF THE CHILDREN’S ACT 38 OF 2005]**

# Part A: Details concerning the applicant, the child, the particulars of the person/institution providing medical treatment or performing the surgical operation and the parent/guardian assisting the child

|  |  |
| --- | --- |
| Full name of child |  |
| Date of Birth/ID number/passport no\* |  |
| Address of child |  |
| Contact details |  |
| Age of child |  |

\*Please attach copy of birth certificate/ ID Number/ Passport where applicable Applicant details

|  |  |
| --- | --- |
| Full name of applicant |  |
| Date of Birth/ID number/passport no\* |  |
| Address of child |  |
| Contact details |  |
| Relationship to child/official designation/other details explaining why applicant in this matter |  |

Particulars of person/hospital/clinic/surgery/other institution\* providing medical treatment/performing surgical operation

|  |  |
| --- | --- |
| Name |  |
| Practice no/hospital/clinic/surgery/ staff position |  |
| Address |  |
| Contact details |  |
| Nature of surgical operation |  |
| Details of other institution performing surgical operation\* |  |

**\***Please furnish details concerning the name and type of institution in the space provided

# Part B: Details of medical treatment/surgical operation

Please provide detailed description of envisaged medical treatment or surgical operation and reason(s) why this treatment or operation is required:-

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# Part C: Motivation for seeking consent of the Minister

* Parent/guardian unreasonably refusing to give consent or to assist the child in giving consent

Motivation:…………………………………………………………………………………………………

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* Parent/guardian incapable of giving consent or of assisting the child to give consent

Motivation:………………………………………………………………………………………………………

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* Parent cannot readily be traced/ is deceased\* Steps taken to trace

parents:…………………………………………………………………………………………………………

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* attach copy of parent’s or guardian’s death certificate
	+ Child unreasonably refusing to give consent

Motivation…………………………………………………………………………………………………………

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# Part D: Consent/ refusal of consent by Minister

* + I (insert name) duly

authorized, hereby give consent for the medical treatment to be given to/surgical operation to be perform upon (delete whichever is not applicable)

…………………………………………………………………………………..(insert child’s name).

* + I (insert name), duly

authorized, do not consent to the medical treatment/ the performance on the surgical operation applied for.

Tick whichever is applicable

………………………………………………….. Signature

………………………………………………….. Full name

Official stamp

…………………………………………….. Designation

 . Date