

# MEDICAL CONSENT FORM

Hospital or Clinic Name: \_\_\_\_\_

## Background of patient:

Hello! My name is..... I'm here for a study on behalf of (Organization Name). Therefore, I would like to request approval of my admission on ..... for the period of ..... On following reasons;

- 1- \_\_\_\_\_
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_

## Motive:

We're talking with children from ..... (County name) to gather information about their daily activities and to find out what they think about children's rights within ..... The information gathered will be used to create a report to be given to the United Nations Committee on the Rights of the Child. This committee wants to make sure that every child is able to live a healthy life. It will review the information and give recommendations to the government of (country name) about how children's rights can be improved.

## How this works:

We would like to ask you some questions in an interview that will take about 15 to 30 minutes. I would like to talk to you alone, but if you would like, you can ask for a parent, guardian or friend to be present at any time. However, I would really appreciate it if you would answer the questions honestly and openly, so that we can find out what young people here in (country name) really think. Your answers are very important to us.

If you are not interested in participating in the interview, we also have a workshop that you can participate in. The workshop will last for 1 hour and you will be asked to fill out some activity sheets and participate in discussions with 5 to 10 other children.

## Precautions:

Some of these questions may talk about things that some people find quite personal, or may be difficult to answer. If any of the questions make you feel uncomfortable or you don't want to answer them, you do not have to. If any of the questions upset you, or if you would like to talk to someone about the feelings you experienced during the interview, please let me know and I, or another responsible adult, will be happy to take that time with you.

## Advantages:

If you decide to participate in this interview, you will have the chance to help make children's lives in (country name) better. Even though this isn't a quick process, your thoughts and opinions are very valuable. You will also have the opportunity to learn more about your own rights and how you can be an active member in your community.

## Confirmation:

Remember, you do not have to talk about anything you don't want to. This will not affect your ability to receive any of the services that (organization name) provides now or in the future.

**Disclosure Policy:**

If you agree to take part in this interview, the things you tell me will be confidential. That means they will be private between you and me. I want to let you know, though, that it is my responsibility to make sure that you are safe. That means if you tell me, you are being hurt by another person, you are hurting yourself, or you are planning to hurt another person, I will have to let another responsible adult know so that, depending on your situation, the right actions can be taken to make sure that you are safe.

**Understanding:**

Do you have any questions about what was just mentioned? If you think of any questions in the future can force to disperse the information, you may reject my admission.

**Agreement:**

Would you like to participate in the research? If so, how would you like to participate? Please indicate here with your name or a mark if you would like to participate.

|                                       |       |
|---------------------------------------|-------|
| <b>Date:</b>                          | _____ |
| <b>Child's Name/Agreement:</b>        | _____ |
| <b>Parent's/Guardian's Agreement:</b> | _____ |
| <b>Researcher's Signature:</b>        | _____ |