



GENERAL CONSENT FOR DIAGNOSTIC PROCEDURES AND MEDICAL TREATMENT OF A MINOR (CHILDREN UNDER THE AGE OF 18)

I _____ the undersigned, do hereby state that I am the parent/ legal guardian of _____, whose date of birth is ____/____/____ and I do hereby voluntarily consent and authorize such diagnostic procedures, test and / or medical treatment or procedures as deemed appropriate under the circumstances and necessary by the physician or other healthcare practitioner at Qatar Orthopaedic and Sports Medicine Hospital (ASPETAR), Aspire Academy Health Centre and / or Club or Federation Clinics in their professional judgment for my child.

I confirm that this consent form has been explained to me, and that I fully understand the significance of this consent, and acknowledge that I have had an opportunity to discuss and clarify any concerns, and that no guarantees have been made to me as to the result / outcome of the examination, procedure and / or treatment at ASPETAR / Aspire Academy Health Centre or at Club or Federation Clinics.

I understand the requirement of an accompanying adult for any visit to ASPETAR / Aspire Academy Clinic or Club / Federation Clinics. In case of my inability to accompany my child myself, I herewith authorize the below nominated accompanying person(s) to accompany my child to any visit to ASPETAR / Aspire Academy Health Centre / Club or Federation Clinic and act on my behalf during the visit.

I furthermore understand that should anyone at ASPETAR be exposed, or believe they have been exposed to my child's blood or body fluids, that Aspetar may test my child's blood or body fluids for any diseases.

By signing, I agree that ASPETAR and the attending physician may permit other persons to use anonymous clinical data including pictures gathered during my child's procedure / treatment for educational, treatment and research purposes. I also agree to waive any right to compensation for such uses by reason of the foregoing authorization.

ASPETAR, its officers, staff and the attending physician shall not be responsible in any way for any consequences from said diagnostic procedures, medical and / or surgical treatment or be liable for any claim that may arise, grow out of, or be incident to such diagnosis, treatment or surgery, insofar as the law allows, or be liable for injury or compensation resulting from the activities authorized by this consent.

Parent/ Legal Guardian Name

Relationship

Signature

Date

Phone Number

Accompanying Person Name

Accompanying Person Name

Accompanying Person Name