



USMANU DANFODIYO UNIVERSITY TEACHING HOSPITAL, SOKOTO

INFORMED CONSENT OF PARENTS/GUARDIAN FOR A MINOR OR INCOMPETENT ADULT PERSON

TICK/DELETE WHERE APPLICABLE

1. I, [redacted] Adult Male/Female, Muslim/Christian/other of.
Town [redacted] GA, [redacted] State [redacted] (Country), do hereby declare voluntarily
that I give consent for [redacted] the recommended procedure/operation
on [redacted] (Mention the body part) of [redacted] (Name of patient)
aged/born on [redacted] Whose hospital number is [redacted]

2. I am the Father/Mother/Guardian of [redacted] Who is incompetent by Law to give consent for the proposed procedure/operation.

3. The reason for performing this procedure/operation is to: [redacted]

4. Considering that procedures/operations require the participation of various Medical and Para-Medical professionals, I hereby consent to the participation of such professionals under the supervision of

Dr. [redacted] of [redacted] department of this hospital before, during, and after the surgical procedure.

5. I consent that the Doctor may perform any other procedure deemed necessary or desirable in order to achieve the purpose(s) specified above, or to correct any unhealthy condition that may be encountered during the procedure.

6. As part of the procedure for diagnostic purpose, I authorize and consent to the disposal of any tissue necessarily removed from his/her body.

7. I am aware that in surgical procedure, unexpected risks or complications not discussed may occur in the course of performing a procedure. I further acknowledge that no guarantee or promise has been made to me concerning the results of any procedures. Although the benefits are judged to outweigh the risks, if any complications occurred, any one of them could be permanent.

8. I consent to the administration of a general/local or any form of Anaesthesia deemed appropriate.

9. I consent/~~do not~~ consent to blood transfusion as may be deemed necessary.

10. I have been informed in the language I understand, about the purpose and reasonable expected benefits of the proposed procedure, the probability of success or otherwise, major problems of recuperation, the reasonably anticipated consequences if the procedure is not performed, and the available alternatives. Similarly, I have been given the opportunity to ask questions about his/her condition, alternative treatment, risks of non treatment, the procedure to be used, and the risks and hazards involved. I therefore reasonably believe that, I have been given sufficient information before taking a final decision to give this informed consent by choice.

EXCEPTIONS.

11. The Medical Practitioner can be held responsible for medical negligence owing to his failure to use reasonable care and skill in the course of performing this procedure, and can be held responsible for a breach of confidential information.

Parent [redacted] bprint
Witness

11-08-2020
Date
11-08-2020
Date

08036586282
Phone Number
08032845426
Phone Number

ENDORSEMENT.

12. [redacted] of the [redacted] Ward/Clinic, Usmanu Danfodiyo, certify that this informed Consent has been given voluntarily

[redacted]
Signature
11-08-2020
Date

07034773096
Phone Number



USMANU DANFODIYO UNIVERSITY TEACHING HOSPITAL, SOKOTO

INFORMED CONSENT OF PARENTS/GUARDIAN FOR A MINOR OR INCOMPETENT ADULT PERSON

TICK/DELETE WHERE APPLICABLE

- I, [Redacted] Adult Male/Female, Muslim/Christian/other of...
Town, [Redacted] LGA, [Redacted] State [Redacted] (Country), do hereby declare voluntarily that I give consent for [Redacted] the recommended procedure/operation on [Redacted] (specify the body part) of [Redacted] (Name of patient) aged/born on 1985 years. Whose hospital number is [Redacted]
- I am the Father/Mother/Guardian of [Redacted] Who is incompetent by Law to give consent for the proposed procedure/operation.
- The reason for performing this procedure/operation is to [Redacted]
- Considering that procedures/operations require the participation of various Medical and Para-Medical professionals, I hereby consent to the participation of such professionals under the supervision of Dr. [Redacted] department of this hospital before, during, and after the surgical procedure.
- I consent that the Doctor may perform any other procedure deemed necessary or desirable in order to achieve the purpose(s) specified above, or to correct any unhealthy condition that may be encountered during the procedure.
- As part of the procedure for diagnostic purpose, I authorize and consent to the disposal of any tissue necessarily removed from his/her body.
- I am aware that in surgical procedure, unexpected risks or complications not discussed may occur in the course of performing a procedure. I further acknowledge that no guarantee or promise has been made to me concerning the results of any procedures. Although the benefits are judged to outweigh the risks, if any complications occurred, any one of them could be permanent.
- I consent to the administration of a general/local or any form of Anaesthesia deemed appropriate.
- I consent/~~do not~~ consent to blood transfusion as may be deemed necessary.
- I have been informed in the language I understand, about the purpose and reasonable expected benefits of the proposed procedure, the probability of success or otherwise, major problems of recuperation, the reasonably anticipated consequences if the procedure is not performed, and the available alternatives. Similarly, I have been given the opportunity to ask questions about his/her condition, alternative treatment, risks of non treatment, the procedure to be used, and the risks and hazards involved. I therefore reasonably believe that, I have been given sufficient information before taking a final decision to give this informed consent by choice.

EXCEPTIONS.

- The Medical Practitioner can be held responsible for medical negligence owing to his failure to use reasonable care and skill in the course of performing this procedure, and can be held responsible for a breach of confidential information

Parent/Guardian [Redacted]
 Witness [Redacted]

21/4/21
Date
21/4/21
Date

08036586282
Phone Number
07034847835
Phone Number

ENDORSEMENT.

- I, [Redacted] of the PSW-1CH Ward/Clinic, Usmanu Danfodiyo University Teaching Hospital, Sokoto, certify that this informed Consent has been given voluntarily

[Redacted]
Signature
21/4/21
Date

07034773096
Phone Number



USMANU DANFODIYO UNIVERSITY TEACHING HOSPITAL, SOKOTO
INFORMED CONSENT OF PARENTS/GUARDIAN FOR A MINOR OR INCOMPETENT ADULT PERSON
TICK/DELETE WHERE APPLICABLE

1. I, Adult Male/Female, Muslim/Christian/other of..
 Town, (ry), do hereby declare voluntarily
 that I give consent for the recommended procedure/operation
 on..... (Mention the body part) of (Name of patient)
 aged/born on..... Whose hospital number is.....

2. I am the Father/Mother/Guardian of..... Who is incompetent by Law to give
 consent for the proposed procedure/operation.

3. The reason for performing this procedure/operation is to:.....

4. Considering that procedures/operations require the participation of various Medical and Para-Medical
 professionals, I hereby consent to the participation of such professionals under the supervision of

Dr..... department of this
 hospital before, during, and after the surgical procedure.

5. I consent that the Doctor may perform any other procedure deemed necessary or desirable in order to achieve
 the purpose(s) specified above, or to correct any unhealthy condition that may be encountered during the
 procedure.

6. As part of the procedure for diagnostic purpose, I authorize and consent to the disposal of any tissue necessarily
 removed from his/her body.

7. I am aware that in surgical procedure, unexpected risks or complications not discussed may occur in the course
 of performing a procedure. I further acknowledge that no guarantee or promise has been made to me
 concerning the results of any procedures. Although the benefits are judged to outweigh the risks,
 if any complications occurred, any one of them could be permanent.

8. I consent to the administration of a general/local or any form of Anaesthesia deemed appropriate.

9. I consent/~~do not~~ consent to blood transfusion as may be deemed necessary.

10. I have been informed in the language I understand, about the purpose and reasonable expected benefits of
 the proposed procedure, the probability of success or otherwise, major problems of recuperation,
 the reasonably anticipated consequences if the procedure is not performed, and the available alternatives.
 Similarly, I have been given the opportunity to ask questions about his/her condition, alternative treatment,
 risks of non treatment, the procedure to be used, and the risks and hazards involved. I therefore reasonably
 believe that, I have been given sufficient information before taking a final decision to give this informed consent
 by choice.

EXCEPTIONS.

11. The Medical Practitioner can be held responsible for medical negligence owing to his failure to use reasonable
 care and skill in the course of performing this procedure, and can be held responsible for a breach of
 confidential information.

Par
 f
 Witness

13/7/22
 Date
 13/7/22
 Date

0803658628
 Phone Number
 Phone Number

ENDORSEMENT.

12. I, of the Ward/Clinic, Usmanu
 D I, Sokoto, certify that this informed Consent has been given voluntarily

b
 Signature
 13/7/22
 Date

08165777903
 Phone Number