

CONSENT / AUTHORISATION FORM
(FOR COMPLAINT INVOLVING MINOR)

SECTION 1: **CONSENT (compulsory)**

I, _____, NRIC / Passport No. _____,
residing at _____
hereby give my consent to the Singapore Medical Association, Chairman of Medical Board of Hospital (if applicable) _____, and the doctor(s) mentioned in my letter dated _____, for the release all relevant information and documents pertaining to the consultation and treatment of my son / daughter / ward (the patient) _____ (B/C or IC No. _____).

FOR OFFICIAL USE: This consent is given for the purpose of investigating Case No: _____

SECTION 2: **AUTHORISATION (if applicable)**

I further consent that all relevant information and documents of the consultation and treatment to be released to _____ of NRIC / Passport No _____, residing at _____, who is hereby duly authorised to act on my behalf in this case.

SECTION 3: **SIGNATURES OF PARENT / GUARDIAN AND WITNESS (compulsory)**

Signature of Parent / Guardian:

Signature of Witness:

Note: If the person who is authorised to act for the patient, interprets the form (see Section 4), the witness will have to be a third person.

| | |
|----------|----------|
| Name: | Name: |
| NRIC No: | NRIC No: |
| Date: | Date: |

SECTION 4: **CONFIRMATION OF INTERPRETATION TO PARENT / GUARDIAN (if applicable)**

If the parent / guardian does not read/understand English, it is the responsibility of the person who is authorised by him/her to ensure that the content of this consent form has been duly explained to him/her before he/she signs the form.

* The parent / guardian does not read or understand English.

* I confirm that I understand the content of the form and I have interpreted and explained the content of this form to the parent / guardian so that he/she clearly understood what it meant before signing it.

Signature of the Interpreter:

Name:
NRIC No:
Date: