

Victorian Maternal and Child Health Service Statewide consent form

Insert council logo here



 **Child’s name** **Date of Birth**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_/\_\_\_\_/20\_\_\_\_

Please complete *either* the written *or* verbal **consent** section.

**Written consent** from parent/guardian

**The Maternal and Child Health nurse** has discussed with me how and why certain information about my child and family may be collected and stored. I understand that this information will be handled in accordance with the *Health Records Act 2001* (Vic).

|  |  |
| --- | --- |
| First Name:  | Last Name: |
| Signed: | Relationship: |
| Date: / / 20 | Contact number: |

* *

**Verbal consent** from parent/guardian

I have discussed with the client how and why certain information may be collected and stored. I am satisfied that this has been understood and that **informed consent** for the information to be handled inaccordance with the *Health Records Act 2001(Vic)* has been given.

**Discussed with:**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Relationship: | Contact number: |

**Translator/support, if present or involved (e.g. language, visual or literacy challenges)**

|  |  |  |
| --- | --- | --- |
| Name:  | Contact Number: |  |

**Written or verbal consent was obtained and witnessed by:**

|  |  |
| --- | --- |
| First Name:  | Last Name: |
| Signed: | Council: |
| Date: / / 20 | Contact number: |

**Please complete:**

**🞏**  This family have been given information about **privacy** & **consent:**

* *"What happens to information about you and your family?"*
* *“About Maternal & Child Health Service* ***Consent.****”*
* Any additional resources as necessary.

**🞏** This family will be given a copy of this completed form.