

## To be completed by child's Parent(s) (before sharing with your child's Consultant):

Please state your child's requested wishes:

1

2

3

## G. Medical consent

### To be completed by child's Consultant

I (Name & Title)

hereby confirm to Rays of Sunshine, a registered charity, whose registered office is at Berkely House, 304 Regents Park Road, London, N3 2JX – Charity No. 1102529 with regard to **my patient**

(‘the child’)

**1** I am the Consultant primarily responsible for the medical care and supervision of the child and I am qualified to provide this consent.

**I hereby declare that he/she (the child) is diagnosed with**

Please list the medical problems and complications associated with this child to date

We want to approve and organise wishes as soon as feasible. When do you anticipate that it will be safe to undertake the wish, taking into account the proposed treatment plan and the current guidelines re: COVID-19?

**2** I have explained to the Parent(s)/Guardian(s) the diagnosis and prognosis of the illness affecting the child, and all medical care and precautions that can be taken to delay or reduce the effects and/or progress of such illness and how to deal with medical emergencies and whom to contact in the event of such an emergency.

Child's prognosis.

-3 months  3+ months  6+ months  9+ months  12+ months

**3** The replies to the questions regarding Medical Details are correct. Based on the child's present condition and current medical and scientific knowledge, the child is suffering from a serious or life-threatening medical condition.

**4** I understand that the child hopes that Rays of Sunshine will grant one of the wishes ("the wish") set out above.

## G. Medical consent continued

- 5 The granting of the wish and participation of the child in the wish should have no adverse effect upon the child if the Parent(s) take adequate precautions in accordance with my specific advice to them.
- 6 This approval is valid at today's date and may be revoked if the child's health changes or if information about the wish comes to my knowledge which indicates that it threatens the health of the child.
- 7 I understand that further details of the wish including dates, times and methods of travel and the duration and location of the wish will be provided to me by the Parent(s)/Guardian(s) of the child, if requested.
- 8 If I have any doubts or concerns regarding the wish or the health of the child in respect of the wish I shall communicate them in writing to the Parent(s)/Guardian(s) and to Rays of Sunshine as soon as possible.
- 9 I recommend he/she participates in one of the wishes set out on previous page and I approve of his/her participation.
- 10 I confirm that any information shared by Rays of Sunshine is processed in a GDPR compliant way and acknowledge that Rays of Sunshine acts as a Data Controller and will also ensure that all information shared by me is processed in a way that is compliant under GDPR regulations.

Signed \_\_\_\_\_

Consultant (print name) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail (if applicable) \_\_\_\_\_

Dated this \_\_\_\_\_

day of \_\_\_\_\_

Year \_\_\_\_\_