**Patient Information:**

1. **Child's Full Name:** [Child's Full Name]
2. **Date of Birth:** [Child's Date of Birth]
3. **Gender:** [Male/Female/Other]
4. **Address:** [Child's Address]
5. **Parent/Legal Guardian Full Name:** [Parent/Guardian's Full Name]
6. **Relationship to Child:** [Parent/Guardian's Relationship]

**Medical Treatment/Procedure Details:**

1. **Description of Treatment/Procedure:**
   * [Provide a detailed description of the proposed medical treatment or procedure]
2. **Purpose of Treatment/Procedure:**
   * [Specify the medical reason for the treatment or procedure]

**Benefits and Risks:**

1. **Benefits of the Treatment/Procedure:**
   * [Explain the potential benefits of the proposed medical intervention]
2. **Risks and Possible Complications:**
   * [Explain potential risks and complications associated with the treatment or procedure]

**Alternative Options:**

1. **Alternative Treatment Options:**
   * [Explain any alternative treatment options available, if applicable]

**Consent and Authorization:**

1. **I, the undersigned parent/legal guardian, hereby give my informed consent for the proposed medical treatment or procedure for my child. I have had the opportunity to discuss the treatment or procedure, its benefits, risks, and alternatives with the healthcare provider, and I understand the information provided. I am aware that I have the right to withdraw my consent at any time before or during the procedure.**

**Parent/Legal Guardian Acknowledgment:**

1. **Parent's/Legal Guardian's Understanding:**
   * I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.

**Declaration and Signature:**

1. **Parent's/Legal Guardian's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * **Date:** [Date]

**Witness (if applicable):**

1. **I, the undersigned witness, confirm that I have witnessed the parent's/legal guardian's signature on this Child and Adolescent Consent Form.**

**Witness Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** [Date]