

- Removal of the child from the health care institution against medical advice
- Postmortem examination, except in unexplained deaths, such as sudden infant death, violent death, or suspected suicide
- Release of medical information

Decision making involving the care of older children and adolescents should include the patient's **assent** (if feasible), as well as the parent's consent. Assent means the child or adolescent has been informed about the proposed treatment, procedure, or research and is willing to permit a health care provider to perform it. Assent should include:

- Helping the patient achieve a developmentally appropriate awareness of the nature of his or her condition
- Telling the patient what he or she can expect
- Making a clinical assessment of the patient's understanding
- Soliciting an expression of the patient's willingness to accept the proposed procedure

Health care providers should use multiple methods to provide information, including age-appropriate methods (e.g., videos, peer discussion, diagrams, and written materials). The nurse should provide an assent form for the child to sign, and the child should keep a copy. By including the child in the decision-making process and gaining his or her acceptance, staff members demonstrate respect for the child. Assent is not a legal requirement but an ethical one to protect the rights of children.

## **Eligibility for Giving Informed Consent**

### **Informed Consent of Parents or Legal Guardians**

Parents have full responsibility for the care and rearing of their minor children, including legal control over them. As long as children are minors, their parents or legal guardians are required to give informed consent before medical treatment is rendered or any procedure is performed. If the parents are married to each other, consent from only one parent is required for non-urgent pediatric care. If the parents are divorced, consent usually rests with the parent who has legal custody ([Berger and American Academy of](#)