Informed voluntary consent of the parent (legal representative) of the student for medical intervention

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(surname, first name, patronymic of the parent (legal representative)

«\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year of birth, registered at the address:

(date of birth of the parent/legal representative) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(registration address of the parent/legal representative)

regarding\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(surname, first name, patronymic of the child)

«\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year of birth, living at the address:

(date of birth of the child)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(in case of residing outside the place of residence of the parent/legal representative)

give informed voluntary consent to the types of medical interventions included in the List of certain types of medical interventions for which citizens give informed voluntary consent when choosing a doctor and medical organization to receive primary health care, approved by Order of the Ministry of Health and Social Development of the Russian Federation No. 390н of April 23, 2012 (hereinafter - the types of medical interventions included in the List), namely:

1. Interview, including identification of complaints, history taking.

2. Examination, including palpation, percussion, auscultation, rhinoscopy, pharyngoscopy, indirect laryngoscopy.

3. Anthropometric studies.

4. Thermometry.

5. Tonometry.

6. Non-invasive examinations and device treatment of the organ of vision and visual functions.

7. Non-invasive investigations and treatment of the hearing organ and auditory functions.

8. Research of the nervous system functions (sensory and motor sphere).

9. Laboratory methods of examination, including clinical, biochemical.

10. Functional methods of examination, including electrocardiography, daily monitoring of blood pressure, spirography, pneumotachometry, picfluometry, rheoencephalography, electroencephalography, heart rate variability.

11. Radiological methods of examination, including fluorography (for persons over 15 years of age) and radiography, ultrasound studies, Doppler studies (as indicated).

12. Drug administration as prescribed by a doctor, including intramuscular, intravenous, subcutaneous, intradermal.

13. Prescriptions of medication treatment (if medically required).

14. Medical massage therapy.

15. Therapeutic physical therapy.

16. Physical therapy.

17. Examination and observation of pediatrician, psychiatrist, pediatric endocrinologist, otorhinolaryngologist, ophthalmologist, neurologist, pediatric dentist (if medically required).

18. Provide medical care for emergencies (wound care, bandaging, gastric lavage, cleansing enema, etc.).

To receive primary medical and sanitary care by a person, whose parent (legal representative) I am, in the Federal State Budget Educational Institution "Russian Children's Center "Ocean", by a medical worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(position, full name of a medical worker)

(to be filled in in case of personal presence of the parent (legal representative) when the child arrives at the FSBEI RCC "Ocean"). I understand the goals, methods of medical care, the associated risk, possible options of medical interventions, their consequences, including the likelihood of complications, as well as the expected results of medical care. I understand that I have the right to refuse one or more types of medical interventions included in the List, or to demand its (their) termination, except in cases provided for in part 9 of Article 20 of Federal Law No. 323-ФЗ of November 21, 2011 “On the Fundamentals of Health Protection of Citizens in the Russian Federation”.

Information about the individuals I have chosen, to whom information about the health status of the person I represent as a legal representative may be transferred in accordance with paragraph 5 of part 5 of article 19 of Federal Law No. 323-ФЗ of November 21, 2011 “On the Fundamentals of Health Protection of Citizens in the Russian Federation”:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(full name of the chosen person, contact phone number)

No other persons shall be given information about the child's health condition.

Date: «\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(signature) (surname, initials)