

## PEDIATRIC VOLUNTEER PATIENT AND STANDARDIZED PATIENT PARENTAL CONSENT FORM AND ACKNOWLEDGMENT OF RISK

**TO:** The University of British Columbia (“**UBC**”), represented by its Faculty of Medicine, and its directors, officers, agents, affiliates, students, employees and other representatives

1. I authorize my child, \_\_\_\_\_, DoB \_\_\_\_\_ to participate as a volunteer patient (“**VP**”) and/or standardized patient (“**SP**”) in teaching and/or assessment sessions for medical students in the UBC Faculty of Medicine MD Undergraduate Program (the “**Program**”). I understand that my child will be interviewed and/or examined by Program medical students and/or their supervisors in teaching and/or assessment sessions (the “**Learning Activities**”) held at the Program’s academic or clinical campuses, including campuses of UBC, the University of Victoria and/or the University of Northern British Columbia (collectively, the “**Institutions**”).
2. I understand that my child’s participation in the Learning Activities will be in accordance with the pedagogical requirements of the MD Undergraduate Program and specific session learning objectives.
3. **For Standardized Patients:** I understand that my child will be physically examined by Standardized Patient Trainers for training purposes.
4. I understand that participation in the Learning Activities, though generally safe, may pose some inherent risk to my child, including, but not limited to: bruising; exacerbation of current medical conditions as a result of repeated examination; emotional distress; and physical discomfort. I further acknowledge that in addition to these risks, there are both known and unknown risks of injury that may occur as a result of my child’s participation in the Learning Activities that are not specifically listed.
5. I acknowledge that the UBC Faculty of Medicine will make reasonable efforts to protect my child from risks associated with participation in the Learning Activities; however, MY CHILD AND I ACKNOWLEDGE THE EXISTENCE OF KNOWN RISKS AND THE POTENTIAL FOR UNKNOWN RISKS INHERENT IN MY CHILD’S PARTICIPATION IN THE LEARNING ACTIVITIES AND WE VOLUNTARILY ASSUME ALL SUCH RISKS, including risks not specifically listed or anticipated by UBC or by me or my child, AND THE POSSIBILITY OF PERSONAL INJURY OR LOSS RESULTING THEREFROM. I am also aware that UBC does not carry accident or medical or dental insurance on my child’s behalf.
6. I am satisfied that I have been informed of my right and my child’s right to obtain as much information about the Learning Activities as we feel necessary, including information beyond that provided to me or my child by the Program. I acknowledge that my child or I may ask questions of the faculty supervisor and/or Program representatives regarding additional risks prior to participating in the Learning Activities and/or signing this form.
7. I agree it is my responsibility to ensure that my child’s physical condition is compatible with participation in the Learning Activities and that I am responsible for monitoring my child’s physical and emotional responses before and during the Learning Activities and for determining whether participating or continuing in the Learning Activities will jeopardize my child’s health, safety or well-being. I understand that I may attend with my child during the Learning Activities for the purpose of monitoring my child’s well-being and that if I am present during the Learning Activities, then I agree to advise the student and the faculty supervisor should any concerns occur which may affect my child’s ongoing participation in the Learning Activity.
8. I understand that I can, at any time, stop the examination and discontinue my child’s participation in any particular Learning Activity. In addition, I have explained to my child that my child can, at any time, stop the examination and discontinue his or her participation in any particular Learning Activity. My child has informed me that he or she will advise

Island Medical Program  
University of Victoria  
P.O.Box 1700 STN CSC Victoria  
BC V8W 2Y2

Northern Medical Program  
University of Northern BC  
3333 University Way  
Prince George BC V2N 2Z9

Southern Medical Program  
UBC Okanagan  
Clinical Academic Campus  
2312 Pandosy Street, 2<sup>nd</sup> Floor  
Kelowna BC V1Y 1T3

Vancouver Fraser Medical Program  
University of British Columbia  
Gordon & Leslie Diamond Health Care  
2775 Laurel Street, 11<sup>th</sup> Floor  
Vancouver BC V5Z 1M9

either me, or the student and/or the faculty supervisor should my child experience any concerns which may affect his or her ongoing participation in the Learning Activity.

9. I understand that the faculty supervisor may also discontinue my child's participation in the Learning Activity for any reason, regardless of whether the Learning Activity is underway.
10. I understand that the Learning Activities are for instructional, practice, and/or assessment purposes only and they do not constitute, or act as a substitute for personal medical care. I understand that I am responsible for my child's medical care and I agree that I will direct any health and medical care questions regarding my child's well-being to my child's primary care physician or paediatrician and not to the student or supervisor. I acknowledge that my child will not receive any medical advice, diagnosis or treatment for any medical condition or injury as a result of my child's participation in the Learning Activities. I acknowledge that if my child has any undiagnosed medical conditions, these may not be detected by the student or supervisor during the Learning Activities.
11. In the event that any abnormal findings are discovered or confirmed by a faculty supervisor in the course of my examination, I consent to the faculty supervisor notifying my child's primary care physician or paediatrician, namely,

Dr. \_\_\_\_\_ of \_\_\_\_\_  
*Please print name* *Address*

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12. I understand that my child's primary care physician or paediatrician to whom these findings will be reported, and not the supervisor, will be responsible for any subsequent actions related to the abnormal findings including diagnosis and treatment of any medical condition related to the abnormal finding.
  13. While attending at the Program's academic or clinical campuses for the purpose of accompanying my child, I agree that I will not engage in any form of harassment or discrimination and will treat medical students, faculty supervisors, Program staff and all other representatives of the Institutions with fairness, courtesy, dignity and respect. My child has been informed that he or she is to treat other VPs or SPs, as well as medical students, faculty supervisors, Program Staff and all other representatives of the Institutions with fairness, courtesy, dignity and respect and that my child will follow the directions and instructions of Program staff and/or the faculty supervisor should an emergency situation arise.
  14. When attending at the Learning Activity with my child, I further agree to respect the privacy of the other VPs and SPs, medical students, faculty supervisors, Program staff and other representatives of the Institutions. I understand and I have informed my child that information that we receive while participating in the Learning Activities is confidential and is not to be disclosed to anyone in any manner. In particular, I agree and I have informed my child not to discuss the identity or behaviour of medical students or supervisors with anyone other than the Program staff, course director or the supervisor involved in the Learning Activity. I understand that my obligation to maintain the confidentiality of the information that I receive while my child participates as a VP or SP in the Program is effective throughout the duration of and after my child's placement as a VP or SP. I understand that confidential materials (e.g., OSCE cases, intellectual property of UBC) must not be shared, copied or distributed. I will seek clarification from Program staff if I have any questions or concerns about confidentiality.
  15. If there is a possible conflict of interest between my child and a student or supervisor, such as relationship by blood or marriage, or where a conflict of interest has previously been identified, I agree to inform the Program staff immediately.
  16. I acknowledge that UBC may collect my personal information and the personal information of my child, including medical information, under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act*.

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This information will be used by UBC to assess my child's suitability to be a VP or SP and my child's suitability to be a VP or SP in particular condition- or symptom-specific Learning Activities. I understand that UBC maintains restricted-access, secure databases of such personal and medical information. I hereby consent to the collection and storage of such information in the database and to the disclosure to appropriate Institution staff and faculty of personal or medical information relevant to and/or necessary for my child's participation in particular Learning Activities. Except as provided for in this form or as required by law, I do not consent to disclosure of such information to other third parties.

I HAVE READ AND UNDERSTAND THAT PARTICIPATION IN THE LEARNING ACTIVITIES INCLUDES INHERENT RISKS AND WILL REQUIRE MY CHILD AND I TO CONDUCT OURSELVES IN ACCORDANCE WITH THE EXPECTATIONS LISTED ABOVE AND I GIVE MY CHILD PERMISSION TO PARTICIPATE IN THE LEARNING ACTIVITIES.

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*Signature*

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*Date*

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*Printed Name*

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*Witness*