

Guidelines, Policies and Statements

Consent to Ultrasound Scanning of Minors for Teaching Purposes (external ultrasound examinations only)

Important notes:

- This form is to be used where the guardian of a person under 18 years of age in Australia or under 16 years of age in New Zealand is asked if the minor child can participate in an external ultrasound examination for teaching purposes.
- It is to be used with external examinations only. An ultrasound examination of a minor child for teaching purposes should only occur where appropriate, having regard to the minor child's age, maturity, cognition, welfare and dignity, the clinical appropriateness of the ultrasound examination, and with informed consent of the minor child's parent or guardian. An ultrasound examination of a minor child should not proceed if the minor child or their parent or guardian resists, objects, appears distressed or does not wish to continue, even if the parent or guardian has given informed consent to the procedure.
- This form should be provided with ASUM Guideline for **Patient Volunteers**.
- This form assumes:
 - there will be no intimate (internal) scanning of a minor child for teaching purposes.
 - The minor child whose consent is being given by their guardian is present during the provision of, and is of sufficient age, cognition and maturity to understand, the information that is disclosed as part of obtaining the guardian's consent (*Gillick* level of competence).
- Only a **Qualified Professional**, being a qualified sonographer or healthcare professional working within their scope of practice, or a medical practitioner who is specifically trained to undertake ultrasound examinations of the type referred to in this form is permitted to perform the ultrasound examinations for which informed consent is given by this form.
- In Australia, the consent sought to be obtained, by using this form, must be informed consent obtained with reference to the fact sheet prepared by the Australian Commission on Safety and Quality in Healthcare which can be accessed at:
[https://www.safetyandquality.gov.au/sites/default/files/resources/attachments//sq20-030 - fact sheet - informed consent - nsqhs-8.9a.pdf](https://www.safetyandquality.gov.au/sites/default/files/resources/attachments//sq20-030_-_fact_sheet_-_informed_consent_-_nsqhs-8.9a.pdf)
- In New Zealand, the consent sought to be obtained using this form must be informed consent obtained in accordance with the Code of Health and Disability Services Consumers' Rights 1996 (NZ), as administered by the Health and Disability Commissioner. Further information on informed consent requirements can be accessed at: <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights>

Approved by the ASUM Board of Directors, October 2026

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Consent to External Ultrasound Scanning of Minors for Teaching Purposes

I.....of being the

[**parent / guardian**] of minor child aged hereby consent on behalf of the minor child that [they] undergo external examination by ultrasound either by way of one or more ultrasound examinations for teaching purposes on

..... day of 20....., the nature, purpose and process of which has been explained to me and the minor child by:

..... being a **Qualified Professional** whose signature appears below.

- ☐ I and the minor child understand participation is voluntary.
- ☐ I understand that my views, comfort and willingness to participate, and those of the minor child, must be respected.
- ☐ I, and the minor child have had the examination explained and we understand the steps in the performance of an external ultrasound examination that will occur.
- ☐ I and the minor child understand that during the ultrasound examination, a qualified sonographer, healthcare professional working within their scope of practice or medical practitioner who are specifically trained to perform the ultrasound examination (**Qualified Professional**) will use an ultrasound transducer on the outside of the body of the minor child to image their body using high-frequency sound waves.
- ☐ I and the minor child understand that consent can be withdrawn at any time, and the examination can be stopped at any time.
- ☐ I and the minor child understand that, because the procedure involves a minor, an appropriate support person must be present during the ultrasound examination.
- ☐ I and the minor child understand that the ultrasound examination will be conducted during an event, workshop or conference, and appropriate privacy screens and/or draping will be provided.
- ☐ I and the minor child understand that one or more trainee sonographers, clinicians, or healthcare professionals may participate in and/or conduct the ultrasound examination during the teaching activity, under the supervision of a **Qualified Professional**.

- ☐ I and the minor child understand that ultrasound images may be projected onto a screen during or after the ultrasound examination, and that observers will be present.
- ☐ I and the minor child have been advised of the approximate number of people who will participate in and observe the ultrasound examination.
- ☐ I and the minor child understand that the ultrasound examination may be photographed and/or recorded and will only be used for educational purposes with the identity of the minor child protected.
- ☐ I and the minor child understand that ultrasound gel will be applied to the minor child's skin and/or body, and the ultrasound source (transducer) will be placed against the skin and/or body of the minor child to produce ultrasound an images of the minor child's internal body organs or tissues.
- ☐ I and the minor child understand that ultrasound imaging is a clinically accepted medical diagnostic technique and that medical studies to date have not demonstrated any adverse biological effect at the low power used for ultrasound imaging.
- ☐ I and the minor child understand the ultrasound examination to which I am giving consent on behalf of the minor child, is for teaching purposes only. It is not intended to provide the minor child's doctor, my doctor, myself or the minor child with diagnostic information.
- ☐ I and the minor child understand that the risk of an accident resulting in injury from the ultrasound examination is small but present, and, on behalf of the minor child, I have notified the coordinating **Event Manager** of any medical conditions that may exacerbate this risk.
- ☐ I and the minor child understand that the ultrasound examination may be performed or administered by a **Qualified Professional** who is different to the **Qualified Professional** who is named in and has signed this consent, below.
- ☐ I and the minor child understand that I, on behalf of the minor child, may express a preference as to which Qualified Professional performs the ultrasound examination, and that this preference will be met where practicable.
- ☐ On behalf of the minor child, I have declared any known allergies of the minor child or possible conditions related to the ultrasound examination that could affect the minor child.
- ☐ I and the minor child acknowledge that all questions, both my own and the minor child's regarding any aspect of the ultrasound examination have been answered to my satisfaction. If any additional questions arise, myself or the minor child can ask them.
- ☐ I and the minor child acknowledge that I, or the minor child, can withdraw consent at any time whether before, during or after the ultrasound examination has commenced, by notifying the **Qualified Professional** who is performing or is to perform the ultrasound examination or any other member of staff present.

- ☐ I and the minor child acknowledge that any request to cease the ultrasound examination must be explicit and verbal.
- ☐ I and the minor child acknowledge that an explicit explanation of the nature, purpose and process of the ultrasound examination has been provided, and any additional questions have been answered to my satisfaction and that of the minor child.
- ☐ I and the minor child acknowledge that I have been informed of the associated risks and anticipated discomfort of the ultrasound examination.
- ☐ I and the minor child understand that I or the minor child can request increased privacy measures which the **Qualified Professional** who performs the ultrasound examination will attend to.
- ☐ I and the minor child understand that if an abnormality is incidentally identified during the teaching examination, I will be informed and directed to seek appropriate medical practitioners.
- ☐ I and the minor child understand that ultrasound uses sound energy and is a clinically accepted medical diagnostic technique. Medical studies to date have not demonstrated any adverse biological effect at the low power used for ultrasound imaging.
The **Qualified Professional** who performs the ultrasound examination will use the lowest level of energy possible to obtain the required information.
- ☐ I and the minor child have been notified that my participation is for teaching purposes, and, where this examination forms part of an ethics-approved research or teaching activity in New Zealand, whether that activity has received the required ethical approval.
- ☐ I and the minor child understand that, in New Zealand, I have the right to receive, on request, a written summary of the information provided to me about this ultrasound examination.

Consent

- ☐ On behalf of the minor child, I consent to the ultrasound examination being undertaken on the minor child based on the understandings, declarations and acknowledgments set out above.

Date..... Name..... Signature.....

Witnessed by:

Date..... Name..... Signature.....

Completed by the Qualified Professional who provides information to the participant as part of the giving of this consent

I confirm that I have:

- ☐ Assessed the participant and minor child as capable of understanding the information given.
- ☐ Identified the parent or guardian providing consent and the basis on which they are authorised to do so.
- ☐ Explained the nature, purpose and process of the proposed ultrasound examination.
- ☐ Explained that the procedure will involve an external ultrasound examination only.
- ☐ Explained that the ultrasound examination is not diagnostic and will not provide medical information.
- ☐ Explained who will be present during the ultrasound examination and their role, whether as an observer or participant.
- ☐ Discussed the anticipated discomfort and any risks associated with the ultrasound examination.
- ☐ Explained that the ultrasound examination will not proceed if the minor child objects, resists, or appears distressed or consent is withdrawn.
- ☐ Provided each of the parent or guardian and the minor child with an opportunity to ask questions and answered all of the questions about the ultrasound examination to the best of my ability.
- ☐ Confirmed that the parent or guardian and the minor child understand that either of them can withdraw consent at any time.
- ☐ Confirmed that the parent or guardian and the minor child understand that either of them have the right to have a support person with them during the ultrasound examination.
- ☐ Verified that the parent or guardian and the minor child understand that this is a voluntary agreement to participate in the ultrasound examination.
- ☐ Confirmed that, in New Zealand, the parent or guardian and the minor child understand they may request, and are entitled on request to receive, a written summary of the information provided.

Qualified Professional

Name.....Position.....

Date.....Signature.....

Witnessed by:

Date..... Name..... Signature.....