

- Raising Awareness
- Lobbying for Change
- Promoting Empowerment
- Encouraging Dialogue and Good Relations
- Challenging Islamophobia and Discrimination



Sekhina Project Medical Consent Form

(Patient/Parental Agreement to Investigation or Treatment)

I, (Mr./Mrs./Ms) hereby give voluntary consent on behalf of my (self, son, daughter or person for whom I have a legal responsibility) to receive medical treatment sponsorship under the rules of Muslim Public Affairs Centre, MPAC. I understand that such medical treatment may include surgery, medications, risks, and discomforts, and will be performed by duly licensed practitioners. I hereby accept full liability incurred through such medical treatments.

I agree that no liability in respect of injury, loss or damage whatsoever shall attach to the Muslim Public Affairs Centre, its subsidiaries, affiliates, employees, volunteers or agents.

Also, MPAC may terminate this Agreement or discontinue the services render through it at anytime in its sole discretion.

Signature of Applicant/Parent/Guardian _____ Date: ____/____/____

Signature of First Witness _____ Date: ____/____/____

Signature of Second Witness _____ Date: ____/____/____

This form

This form documents the patient’s agreement (or that of a person with legal responsibility for the patient) to go ahead with the investigation or treatment that has been proposed.

Who can give consent

Everyone aged 16 or more whose consciousness is not impaired is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

Who can witness this consent form

Witness signatures must be by independent persons and not by anybody listed on the consent form.