NHS
Greater Glasgow and Clyde

Paediatric Outpatient Parenteral Antibiotic Therapy (pOPAT)

Parent or carer declaration

I have read or have had the pOPAT information leaflet explained to me	☐
I understand the process of OPAT.	☐
I know when and where to bring my child for their appointments.	☐
I know how to look after the venous access device (e.g. cannula, PICC).	☐
I know what to do if I am worried about my child at home.	☐

If you agree with the statements above, please sign below.

Parent or guardian name: _____

Signature: _____

Date: _____

Healthcare professional name: _____

Signature: _____

Date: _____

Please leave in the clinical notes **or** scan to Clinical Portal