



# QueerDoc Consent to Gender Affirming Medical Care- Puberty Blockers

## Parent / Legal Guardian Consent

Every medication has risks, benefits, and possible side effects that are important to understand before starting treatment. It is also important to understand how medications work.

This document explains the use of puberty blocking medications for transgender and gender diverse youth so that parents or legal guardians can make an informed decision about care.

By reviewing and signing this document, I acknowledge that I am the **parent or legal guardian of the patient** and that I am providing consent for this treatment. I understand that the adolescent patient is also involved in discussions about their care and that treatment decisions are made collaboratively between the patient, their parent or legal guardian, and the healthcare provider.

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## Medications for Blocking Puberty

I understand that puberty blocking medications may be used to **temporarily suspend the physical changes of puberty** in adolescents experiencing **gender incongruence or gender related distress**.

I understand that it may take **several months for the medication to become fully effective**, and that individual responses vary. No one can predict how quickly or slowly an individual's body will respond.

I understand that using puberty blocking medication for transgender and gender diverse youth is considered an **off-label use**. This means the medication is not approved by the U.S. Food and Drug Administration specifically for this purpose. However, these medications have been used for many years to treat children who begin puberty earlier than is medically typical.



I understand that the use of puberty blockers in gender affirming care is **based on an individualized clinical assessment and the clinical judgment and experience of healthcare providers**, and is supported by established medical guidelines from pediatric endocrine and transgender health organizations.

I understand that puberty blockers are **not permanent**. If treatment is stopped, puberty will typically resume within several weeks to one year, beginning at the developmental stage the body had reached when treatment started.

I understand that while taking puberty blockers, the body will **not produce the hormones of puberty**, such as testosterone or estrogen.

As a parent or legal guardian, I understand that our family is choosing to temporarily pause these hormonal changes and the physical developments associated with puberty. This pause may allow time for the adolescent and family to explore gender identity and future treatment decisions.

I understand that delaying puberty may help avoid physical changes that are difficult or impossible to reverse later. This may reduce the need for certain medical or surgical interventions in the future.

I understand that delaying puberty may help support better alignment between a young person's body and gender identity and may reduce distress related to unwanted pubertal development.

I understand that other medication options may exist to address certain aspects of puberty, and that my provider has discussed available options with our family when appropriate.

I understand that people with ovaries and a uterus may experience a menstrual period **two to four weeks after the first dose of medication**.

I understand that our family is encouraged to maintain **ongoing consultation with a mental health professional experienced in gender development**, when possible, while puberty blocking medications are being prescribed.

I confirm that I have had an opportunity to **ask questions and discuss concerns with our healthcare provider**.

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## Alternative Options

I understand that there are **several ways to support transgender and gender diverse youth**, and that medical treatment is only one option.

I understand that alternatives may include:

- social support without medical treatment
- ongoing counseling or therapy
- social transition, legal transition, and gender expression interventions
- delaying medical treatment
- choosing no medical treatment at this time

I understand that these options have been discussed with our healthcare provider. Our family has chosen puberty blocking medication based on our current understanding of the potential benefits, risks, and goals for care.

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## Risks of Puberty Blockers

I understand that the **long-term effects of puberty blocking medications are not completely known**, and there may be risks that are not yet fully understood.

I understand that puberty blockers may affect **bone density** during the time the medication is used, and that monitoring and future treatment decisions may help support bone health.

I understand that puberty blockers may affect **final adult height**, although the exact outcome is uncertain. Some individuals with testicles may ultimately have a shorter adult height, while some individuals with ovaries may grow slightly taller due to delayed pubertal timing.

I understand that research is ongoing regarding the possible effects of puberty blockers on **brain development and cognitive development** during adolescence.

I understand that as puberty progresses in peers, it may become more noticeable that the adolescent's puberty has paused.



I understand that transgender and gender diverse youth may experience **harassment or discrimination**, and that families may need to advocate for safe participation in schools and activities. I know we may ask our healthcare team for help and resources.

I understand that puberty blocking medication itself is considered reversible, but **future gender affirming treatments may affect fertility**. Fertility considerations and options have been discussed with our healthcare provider.

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## Future Treatment Decisions

I understand that the use of puberty blocking medication **does not determine or require any future medical treatment**.

I understand that decisions about future care—including whether to continue treatment, stop treatment, or begin other forms of gender affirming care—will be made later based on the adolescent's development, goals, and ongoing shared decision making between the patient, family, and healthcare provider.

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## Prevention of Medical Complications

I understand that puberty blocking medication must be **taken exactly as prescribed**.

I agree to inform the healthcare provider if the patient experiences **any side effects or problems** related to the medication.

I understand that puberty blockers may be **stopped at any time**, and that decisions about stopping treatment should be made in consultation with the healthcare provider.

I understand that **regular medical visits and monitoring** are necessary to ensure the medication is working safely and effectively. This may include physical exams, laboratory testing, or other monitoring recommended by the healthcare provider.



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## Acknowledgment

By signing this document, I confirm that:

- I am the **parent or legal guardian** of the patient.
- I have **read and understood** the information in this document.
- I have had the opportunity to **ask questions and discuss concerns** with the healthcare provider.
- I understand the **potential benefits, risks, and unknowns** associated with puberty blocking medication.
- I voluntarily **consent to the use of puberty blocking medication** as part of the patient's gender affirming care.

By clicking the box below, I am electronically signing this document acknowledging that I have reviewed and understood the information provided and consent to this treatment.