FOR CONSENT FORMS ONLY

For 6th Consent Form

For 5th Consent Form

For 4th Consent Form

For 3rd Consent Form

CONSENT BY PARENT OR GUARDIAN

FORM II. OPERATIONS ON CHILDREN

.... HEALTH & SOCIAL SERVICES BOARD

For Anaesthetic and [illegible] charge against [illegible]

Patient's Name Adam Strain

I Mrs Strain of [redacted]

the parent/guardian of the above-named, hereby consent to the submission of my child to the operation of fundoplication and retrograde pyelograms

the nature and purpose of which have been explained to me by

DR./MR. Armstrong

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a general, local or other anaesthetic for any of these purposes.

* No assurance has been given to me that the operation will be performed by any particular surgeon.

Date 16/3/92 Signed X Debra Strain (Parent/Guardian)

I confirm that I have explained to the child's parent/guardian the nature and purpose of this operation.

Date 16/3/92 Signed

* This sentence should be deleted in the case of the private patient.

AP250

AS - ROYAL

050-030-288