AS - ROYAL

050-036-299

CONSENT BY PARENT OR GUARDIAN

FORM II. OPERATIONS ON CHILDREN

EASTERN HEALTH & SOCIAL SERVICES BOARD

..... DISTRICT

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN.

Patient's Name ADAM STRAIN.

I DEBRA STRAIN of

[redacted]

the parent/guardian of the above-named, hereby consent to the submission of my child to the operation of cystoscopy, oesophagogastroscopy & pHstudies

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

DR./MR. Clarke.

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 25/2/92 Signed Debra Strain

(Parent/Guardian)

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

Date 25/2/92 Signed E. Clarke

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

AP250

— CONSENT BY PARENT OR GUARDIAN
FORM II. OPERATIONS ON CHILDREN
Eastern HEALTH & SOCIAL SERVICES BOARD
..... DISTRICT
RBHSC HOSPITAL
Patient's Name Adam Strain
I Debra Strain of
[redacted]
the parent/guardian of the above-named, hereby consent to the
submission of my child to the operation of cystoscopy, oesophagogastroscopy & pHstudies
the nature and purpose of which have been explained to me by
DR./MR. Clarke
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 25/2/92 Signed Debra Strain
(Parent/Guardian)
I confirm that I have explained to the child's parent/guardian
the nature and purpose of this operation.
Date 27/2/92 Signed Clarke
* This sentence should be deleted in the case of the private patient.
AP250