CONSENT BY PARENT OR GUARDIAN

FORM II. OPERATIONS ON CHILDREN

.....HEALTH & SOCIAL SERVICES BOARD

..... DISTRICT

..... HOSPITAL

Patient's Name ..... Adam Strain

I DEBBIE STRAIN , [redacted]

.....

.....

the parent/guardian of the above-named, hereby consent to the submission of my child to the operation of OESOPHAGO GASTRODUODENOSCOPY

the nature and purpose of which have been explained to me by DR./MR. KERR

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 1/12/92 Signed x Debbie Strain
(Parent/Guardian)

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

Date 1/12/92 Signed Deirdre Kerr

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

AP250

054-007-017

AS - ROYAL