WMZ 7239

CONSENT BY PARENT OR GUARDIAN

FORM II. OPERATIONS ON CHILDREN

.....HEALTH & SOCIAL SERVICES BOARD

..... DISTRICT

..... HOSPITAL

Patient's Name ..... Adam Strain .....

I ..... mother ..... of ..... Adam .....

..... DEBRA STRAIN .....

..... [redacted] .....

the parent/~~guardian~~ of the above-named, hereby consent to the submission of my child to the operation of ..... medication of PD cannula & PEG TUBE replacement .....

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

DR./~~MR.~~ ..... R. Kurian .....

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 ..... 22/3/94 ..... 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 ..... 22/3/94 ..... Signed ..... R. Kurian .....

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

PNP

WMZ 7239

CONSENT BY PARENT OR GUARDIAN

FORM II. OPERATIONS ON CHILDREN

.....HEALTH & SOCIAL SERVICES BOARD

..... DISTRICT

..... 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 INSERTION OF PERITONEAL CATHETER (PD line)

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

DR./~~MR.~~ ALWYNE FOD

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 23/8/94 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 23/8/94 Signed [signature]

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

056-041-152

AS - ROYAL