

For 4th Consent Form

PNP 93D169

WMZ 7239

CONSENT BY PARENT OR GUARDIAN  
FORM II. OPERATIONS ON CHILDREN

For Anaesthetic  
against Advice

CH 364377  
MSTR ADAM STRAIN

BOARD

large

04/08/91

STRICT

Male

SPITAL

BT18 9QL

EHSSB

WD/OP

CONSULTANT

I \_\_\_\_\_ of \_\_\_\_\_

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

CT scan brain + abdomen

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

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 7/7/95 Signed Adam Strain  
(Parent/Guardian)

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

Date 7/7/95 Signed Watt

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

057-114-332

**FOR CONSENT FORMS ONLY**

For 6th Consent Form

PNP 93D169

WMZ 7239

**CONSENT BY PARENT OR GUARDIAN  
FORM II. OPERATIONS ON CHILDREN**

CH 364377 HEALTH SERVICES BOARD  
MSTR ADAM STRAIN  
[REDACTED] 04/08/91 DISTRICT  
Male HOSPITAL  
BT18 9DL  
EH000  
CONSULTANT  
Debbie Strain

the parent/guardian of the above-named, hereby consent to the  
submission of my child to the operation of Removal of  
Gastrostomy tube reinsertion of new tube  
the nature and purpose of which have been explained to me by  
DR./MR. Maplan

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 9/7/95 Signed Debbie Strain  
(Parent/Guardian)

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

Date 9/7/95 Signed Maplan

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

057-114-333

## CONSENT BY PARENT OR GUARDIAN

CH 364377  
MSTR ADAM STRAIN

04/08/91

Male

BT18 9QL

EHSSB

RVICES BOARD

DISTRICT

HOSPITAL

WD/OP

CONSULTANT

Patient's Name ADAM STRAIN  
DEBRA STRAIN of [REDACTED]the parent/guardian of the above-named, hereby consent to the  
submission of my child to the operation ofRE-INSERTION OF GASTROSTOMY

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

DR. HUGHES

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 01.9.91 Signed [Signature]  
(Parent/Guardian)

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

Date 01.9.91 Signed [Signature]

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

CONSENT BY PARENT OR GUARDIAN  
FORM II. OPERATIONS ON CHILDREN

HEALTH & SOCIAL SERVICES BOARD

DISTRICT

HOSPITAL

Patient's Name ADAM STRAIN  
I DEBORAH STRAIN of \_\_\_\_\_

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

REMOVAL OF CERVICAL LUMP

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

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 9/2/04 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 9/2/04 Signed [Signature]

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