

CONSENT BY PARENT OR GUARDIAN FORM II. OPERATIONS ON CHILDREN

CH 364377

MSTR ADAM STRAN

HEALTH & SOCIAL SERVICES BOARD

04/08/91

Male

DISTRICT

ND/OP

CONSULTANT

ENSGG

HOSPITAL

Patient's Name

Adam

submission of my child to the operation of INSERTION
GASTROSTOMY CORPAC BUTTON + ? LEFT
ORCHIDOPEXY
 the nature and purpose of which have been explained to me by
 DR./MR. CARTMILL

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 18/10/95

Signed

Debra Stran

(Parent/Guardian)

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

Date

18/10/95

Signed

T. Cartmill

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

CONSENT BY PARENT OR GUARDIAN
FORM II. OPERATIONS ON CHILDREN

Eastern HEALTH & SOCIAL SERVICES BOARD
N+W Belfort DISTRICT
Royal Belfort Hospital for Sick Children HOSPITAL

Patient's Name ADAM

the parent/guardian of the above-named, ADAM
submission of my child to the operation of KIDNEY TRANSPLANTATION

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

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 27/11/95 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 27/11/95 Signed M Savage

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