

REGISTRATION

Surname and First Names (in block letters) <i>Roberts Claire</i>		Date of Birth <i>10.1.87.</i>	
Address (in block letters) [REDACTED]		Sex <i>F.</i>	
Telephone No. [REDACTED]	School	Religion-Inpatient and Special Outpatient only	
Changes of Address 1. _____ 2. _____ 3. _____		IMMUNISATION B.C.G. — — Heaf — — Mantoux — — Small Pox — — Diphtheria — — Pertussis — — Poliomyelitis — — Tetanus Toxoid (1) — — (2) — — (3) — — Booster Dose — — Tetanus (A.T.S.) — —	
Family Doctor 1. <i>McMillan</i> 2. _____			DATE
Person to be notified in an Emergency:- Name <i>Roberts S/A</i> Address _____ Telephone No. _____			
Occupation of Father			

Affix Blood Group Reports in this space

Date of Admission	Date of Discharge	Diagnosis	Code
<i>4/9/87</i>	<i>18/9/87</i>	<i>Seizures</i>	<i>780-3</i>

ROYAL BELFAST HOSPITAL FOR SICK CHILDRENCONSENT BY PARENT OR GUARDIAN

I MARGARET JENNIFER ROBERTS of [REDACTED]
 hereby consent to the submission of CLAIRE MGT. ROBERTS to the operation
 of CT SCAN, the nature and effect of which have been explained to me
 by Dr./Mr. R. MACKLE.

I also consent to such further or alternative operative measures as may be found necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.
 No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 8-9-87 (Signed) [Signature]

I confirm that I have explained the nature and effect of this operation to the child's parent/guardian.
 Date 8-9-87 (Signed) Ronan A Mackle

CONSENT BY PARENT OR GUARDIAN

I _____ of _____
 hereby consent to the submission of _____ to the operation
 of _____, the nature and effect of which have been explained to me
 by Dr./Mr. _____

I also consent to such further or alternative operative measures as may be found necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.
 No assurance has been given to me that the operation will be performed by a particular surgeon.

Date _____ (Signed) _____

I confirm that I have explained the nature and effect of this operation to the child's parent/guardian.
 Date _____ (Signed) _____

CONSENT BY PARENT OR GUARDIAN

I _____ of _____
 hereby consent to the submission of _____ to the operation
 of _____, the nature and effect of which have been explained to me
 by Dr./Mr. _____

I also consent to such further or alternative operative measures as may be found necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.
 No assurance has been given to me that the operation will be performed by a particular surgeon.

Date _____ (Signed) _____

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 Date _____ (Signed) _____