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Consent form

Consent form for the parent/registered guardian of any child under 16 years old who is going to be accompanied by any other persons for assesment or treatment

Child's name.....

Address.....

.....

.....

Date of birth.....

I hereby consent for my child's treatment to be authorised by

Relationship to patient.....

Signed by parent/registered guardian.....

Name.....

Date.....