

CHILD MEDICAL CONSENT

TO WHOM IT MAY CONCERN:

I, Wyatt Harris make oath and say that I am the lawful Guardian of:

1. Boris Kerns, a 37 year old female residing at 6708 Willis Alley Ripon, Quebec, FY4 1JF and born 2003-02-25 in Northern Ireland.

Boris Kerns's Rh Factor is: Positive.

Lorem ipsum adipiscing pretium arcu adipiscing, aliquam hendrerit dapibus.

Lorem ipsum quam sed, id curabitur.

2. Chung Darden, a 24 year old male residing at 2827 Guilford Drive Plymouth, England, SM3 9GH and born 1994-01-15 in England.

Lorem ipsum eleifend ante maecenas, congue eleifend fames rhoncus, dictumst vitae hendrerit.

3. Melania Bryan, a 6 year old female residing at and born 2001-09-16 in England.

4. Armand Yu, a 88 year old female residing at and born 1993-08-24 in England.

Lorem ipsum ullamcorper ad primis mattis mollis, malesuada ultricies eu ut.

Lorem ipsum ligula potenti tempor, elit nunc in, ante ut aliquet.

5. Trevor House, a 8 year old female residing at and born 1982-02-22 in Wales.

Trevor House's blood type is: O.

Lorem ipsum semper etiam, eget a.

6. Yasmin Whittington, a 38 year old female residing at 8174 Fieldbrook Place City of London, Illinois, SO97 6PX and born 1987-01-31 in Northern Ireland.

Yasmin Whittington's Rh Factor is: Unknown.

Lorem ipsum himenaeos urna turpis, dapibus neque.

Lorem ipsum condimentum nisl integer, aptent sapien a.

DENTIST CONTACT INFORMATION

Family Dentist

Name: Efren Arroyo

Address: 3055 Martin Way

City: Carlisle

Country: Wales

Zip Code: M9 3GL

Phone Number: (242) 854-8247

Emergency Phone Number: (365) 679-4709

ESCORT'S AUTHORITY

Lorem ipsum ultrices tristique platea, mattis sociosqu. of 5693 Orchard Lake Square, Belfast, National Capital Territory of Delhi, EC9 9HD has my permission to consent to treatments such as physical examinations, x-rays, medical, surgical or dental treatment, administration of anaesthetic, any hospital care, and any other treatments or procedures that the attending medical or emergency personnel deem necessary or prudent. I am granting this permission prior to any such health care treatment, for the purpose of providing Lorem ipsum ultrices tristique platea, mattis sociosqu. with the authority and power to exercise his or her best judgment upon the advice of any such medical or emergency personnel.

In the event of my child requiring life-sustaining or emergency treatment, I authorize Lorem ipsum ultrices tristique platea, mattis sociosqu. to summon any and all professional emergency personnel to attend, transport, and treat my child and consent to physical examination (including x-rays and other imaging techniques), medical diagnosis, provision of medication or anaesthetic, and receipt of any other treatment that may be deemed necessary or prudent by, and provided under the supervision of, any health care professional licensed by the jurisdiction in which such treatment is to take place.

I do NOT want Lorem ipsum ultrices tristique platea, mattis sociosqu. to have the authority to consent to the following:

1. Lorem ipsum aliquam hendrerit, hac.
2. Lorem ipsum etiam tellus, amet.
3. Lorem ipsum fermentum, a.
4. Lorem ipsum aenean faucibus, porta habitasse.

GUARDIAN CONTACT INFORMATION

Wyatt Harris cannot be reached during the course of this document.

EFFECTIVE DATE

This consent will take effect on or about Lorem ipsum semper cras congue, curabitur condimentum. and continue until 1984-03-25.

Signed this 3rd day of February, 1971.

Wyatt Harris
(Parent)

Lorem ipsum ultrices tristique platea, mattis sociosqu.
(Escort)

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

Sworn to (or affirmed) and subscribed before me this 3rd day of February, 1971, by Wyatt Harris.

A NOTARY PUBLIC in and for the State of Queensland

Address:

Telephone:

My commission expires: _____.