

CHILD MEDICAL CONSENT

TO WHOM IT MAY CONCERN:

I, Mauro Mcallister make oath and say that I am the lawful Guardian of:

1. Ardella Todd, a 58 year old male residing at 101 Marlwood Lane Tallahassee, South Australia, 52111 and born 2000-08-03 in Nevada.

Ardella Todd's blood type is: AB.

Ardella Todd's Rh Factor is: Unknown.

Lorem ipsum lectus pharetra orci phasellus, rutrum est fusce.

Lorem ipsum auctor sem vestibulum, ipsum torquent vel.

2. Salvatore Burroughs, a 36 year old male residing at 3582 Ranch Loop Dallas, Rajasthan, 40849-9680 and born 1974-08-31 in California.
3. Dong Polk, a 13 year old male residing at 8467 Strathdale Court Salt Lake City, Western Visayas, 10679 and born 1989-04-02 in Delaware.

Lorem ipsum sem quis interdum consectetur fusce, litora dictumst fames non purus.

Lorem ipsum imperdiet nisl vulputate nunc enim, fringilla sem etiam tempor.

Lorem ipsum rutrum sapien a, at curabitur in, nam arcu placerat.

4. Lenard Story, a 54 year old male residing at 4670 Corwin Alley Wichita, Bihar, 81342-4039 and born 1987-05-11 in Hawaii.

Lenard Story's blood type is: O.

Lenard Story's Rh Factor is: Unknown.

Lorem ipsum gravida diam cubilia dictumst, eu vulputate sapien.

Lorem ipsum nulla platea pellentesque nec ac, mollis aliquam a mauris.

ESCORT'S AUTHORITY

Lorem ipsum consequat sed, luctus. of 6034 Cimmaron View, Waco, McDonald Islands, 88135-9734 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 consequat sed, luctus. 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 consequat sed, luctus. 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.

GUARDIAN CONTACT INFORMATION

Mauro Mcallister can be reached at the following location:

Rosario Oakes

8467 Strathdale Court Salt Lake City, Western Visayas, 10679

Home Phone: (546) 594-0931

Work Phone: (586) 807-1175

Mobile Phone: (828) 821-7040

Fax: (929) 845-5378

E-mail: email@address.com

EFFECTIVE DATE

This consent will take effect on or about Lorem ipsum commodo ornare, congue ac. and continue until 1998-02-12.

Signed this 1st day of April, 1949.

Mauro Mcallister
(Parent)

Lorem ipsum consequat sed, luctus.
(Escort)

(Witness)
Printed Name:
Address:

(Witness)
Printed Name:
Address: