

CHILD MEDICAL CONSENT

TO WHOM IT MAY CONCERN:

We, Brock Young, and Rosario Hines make oath and say that we are the lawful Guardians of:

1. Shiloh Vaughan, a 26 year old male residing at 570 Bloomfield View Ottawa, Delaware, T2H 5A1 and born 2012-11-23 in Manitoba.

Shiloh Vaughan's blood type is: B.

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2. Karissa Mcfadden, a 89 year old female residing at 7338 Stockwell Road Strathcona County, Mississippi, N7N 8C8 and born 1998-04-30 in New Brunswick.

Karissa Mcfadden's Rh Factor is: Negative.

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3. Lionel Carey, a 66 year old male residing at 138 Edenton Gate Shawinigan, Uttarakhand, E8V 7V5 and born 1987-11-15 in Northwest Territories.

Lionel Carey's blood type is: Unknown.

Lionel Carey's Rh Factor is: Unknown.

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DENTIST CONTACT INFORMATION

Family Dentist

Name: Mi Eubanks

Address: 3904 Winter Blvd

City: St. Catharines

Country: Quebec

Zip Code: K9C 2N6

Phone Number: (367) 808-8694

Emergency Phone Number: (760) 716-3162

ESCORT'S AUTHORITY

Lorem ipsum vestibulum, lacus. and Lorem ipsum sociosqu sed, dapibus rutrum. of 6041 Martin, Ottawa, Western Australia, Q3L 6H0 have our 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. We are granting this permission prior to any such health care treatment, for the purpose of providing Lorem ipsum vestibulum, lacus. and Lorem ipsum sociosqu sed, dapibus rutrum. with the authority and power to exercise their best judgment upon the advice of any such medical or emergency personnel.

In the event of our child requiring life-sustaining or emergency treatment, we authorize Lorem ipsum vestibulum, lacus. and Lorem ipsum sociosqu sed, dapibus rutrum. to summon any and all professional emergency personnel to attend, transport, and treat our 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.

EFFECTIVE LOCATION(S)

This consent is only valid in the following location(s): Greater Sudbury

GUARDIAN CONTACT INFORMATION

Brock Young can be reached at home or work, as follows:

7338 Stockwell Road Strathcona County, Mississippi, N7N 8C8

Home Phone: (809) 782-4136

Work Phone: (996) 496-6456

Mobile Phone: (753) 505-5665

Fax: (362) 202-9229

E-mail: email@address.com

Rosario Hines can be reached at the following location:

Lizzette Shapiro

9070 Margate Square Victoria, Quebec, C2R 8X4

Home Phone: (345) 648-7325

Work Phone: (216) 731-1196

Mobile Phone: (229) 560-3535

Fax: (957) 703-3638

E-mail: email@address.com

EFFECTIVE DATE

This consent will take effect on or about Lorem ipsum magna, lectus. and continue until 1993-04-23.

Signed this 8th day of September, 2001.

Brock Young
(Parent)

Rosario Hines
(Parent)

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