

DECLARATION OF CONSENT FROM LEGAL GUARDIANS OR LEGAL REPRESENTATIVES

Parent/legal guardian or legal representative: please fill in using capital letters

Name:

Date of Birth:

Address:

I hereby consent to

Name:

Date of Birth:

- an examination using X-rays being carried out on my child.
- an ultrasound being carried out on my child.

.....
Date

.....
Signature parent/legal guardian
or legal representative