LANGTHORNE HEALTH CENTRE
13 LANGTHORNE ROAD
LONDON
E11 4HX
TELEPHONE NUMBER: 0208 539 2585
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L.L. MEDICAL CARE LTD (AGARWAL & AGRAWAL PRACTICE)
Waltham Forest Primary Care Trust

TREATMENT FOR CONSENT FOR A CHILD UNDER THE AGE OF 16

I, the;

Parent ☐
Guardian ☐

Give consent for treatment of _____ under the age of 16 years brought to the surgery on _____2018 , on the behalf of parent/ guardian / person with legal parental responsibility

PATIENT DETAILS:

Surname _____
First names _____
Date of birth _____ Male ☐ Female ☐
Allergies (please √): None ☐ Please list _____

Parent ☐ Guardian ☐

I am the *Parent / Guardian / Person with Legal Parental Responsibility for the above named patient and hereby consent to the following person bringing them to L.L. Medical Care LTD (Agarwal & Agrawal Practice) for (Please √) :

- Review ☐
- Treatment ☐
- Vaccinations ☐

Name: _____ Relationship: _____
(Person bringing the child to surgery)

Signed _____ (Print Name) _____
*Parent / Guardian / Person with Legal Parental responsibility

* Delete as applicable _____ Date _____

PLEASE NOTE THAT A NEW FORM IS REQUIRED EACH TIME YOUR CHILD IS SEEN