



## CONSENT TO OPERATION

Should your child need surgery, we will make every effort to contact you in the first instance. However there may be occasions where it is time critical (e.g acute appendicitis) so for any such emergencies we would be grateful if you could sign the consent form below. If your child is aged 16 years or over they can consent to treatment themselves.

I, (name of Parent or Guardian)	
Of (permanent address)	
Hereby give consent* for my son/daughter (full name and DOB)	

\*To undergo any operation deemed necessary including emergency treatment during periods of residence at New Hall School and the administration of a general or local anaesthetic for that purpose. In the occurrence that a signature is required, I give FULL permission for a member of the school staff to sign on my behalf for any treatment or operation required.

Signature of Parent or Guardian:	
Date	

Or, if you do **NOT** consent please sign below

I do NOT give my consent to an operation or general anaesthetic	Please Tick BOX <input type="checkbox"/>
Signed	
Date	
Print Name	

**Please return completed forms to:**

The Health Centre, New Hall School, The Avenue, Boreham, Chelmsford, Essex CM3 3HS or by email via [Healthcentre@newhallschool.co.uk](mailto:Healthcentre@newhallschool.co.uk)