



**Consent for
Medical/Surgical Care/Emergency Treatment
and Child's Medical Information**

In presenting my son for diagnosis and treatment

Name: ☒ Mother ☐ Father ☐ Legal Guardian ☐ Son ☐ Daughter
hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

I hereby give my consent to the pediatric surgery department A, children's hospital of TUNIS, who will be caring for my child to arrange for routine or emergency medical care and treatment necessary to preserve the health of my child .

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Date: 05/08/2023

Signature: