

Witness Name: Alison Brooks

Statement No.: WITN3693001

Exhibits: WITN3693002 – WITN3693015

Dated: 23 March 2020

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**EXHIBIT WITN3693006**

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# CONSENT FOR OPERATION

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I, GRO-C  
REYNARD  
ALISON F. M. 60 Hospital  
GRO-C GRO-C of .....  
.....hereby consent to  
\* { undergo \* { child  
- the submission of my { ward ..... self ..... to undergo  
the operation of ..... LOWER SEGMENT CAESARIAN SECTION .....  
the nature and purpose of which have been explained to me by  
Dr./\*Dr. WILLIAMS .....

I also consent to such further or alternative operative measures as may be found necessary during the course of the above-mentioned operation and to the administration of general, local or other anaesthetics for any of these purposes.

No assurance has been given to me that the operation will be performed by any particular practitioner.

Date GRO-C ..... Signed GRO-C  
\*(Patient/Parent/Guardian)

I confirm that I have explained the nature and purpose of this operation to the \* patient/parent/guardian.

Date GRO-C ..... Signed GRO-C  
\*(Medical/Dental Practitioner)

\*Delete as appropriate.

NOT RELEVANT

ANY DELETIONS, INSERTIONS OR AMENDMENTS TO THE FORM  
ARE TO BE MADE BEFORE THE EXPLANATION IS GIVEN  
AND THE FORM SUBMITTED FOR SIGNATURE