

Consent Form

Donor Details

Name: JASPALSINGH

Donor Email: jaspal@gmail.com

Donor Age: 14

Donor D.O.B: 02-02-2011

Blood Group: B+

Gender: Male

Donor Address: asdjahsda

Treatment Details

District: Bareilly

Blood Center: Blood Center D

Treatment Center: Lifecare Treatment Hub

Block: Main Wing

Room No: Room 301

Doctor Name: Dr. Sneha Yadav

Doctor Address: 40 Street

Doctor Contact: 9012345678

I, **JASPALSINGH**, give my consent to the above-mentioned Blood Center to share my health and treatment-related details with the appropriate Treatment Center, if required. I understand the purpose of this and agree to the terms voluntarily.

Signature: _____

Date: 21/05/2025