



# OLJABET HOSPITAL

NYAHURURU

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## **INFORMED CONSENT FORM FOR OPERATION AND ANAESTHESIA**

I ..... [The patient/relative] hereby acknowledge that I have been counselled, and given proper information regarding my impending operation. I understand that this operation is for the overall good of my well-being and do accept that I' am of sound mind and mature enough to consent to the operation. I hence give permission for Anaesthetic and/or for any medical and/or surgical treatment which the Doctor{s} may consider necessary to be performed upon me/my wife/my child.

OPERATION.....

I do accept to take liability for all the risk{s} and contingencies inherent on the performance of my operation and the clearance of all the cost of processes and procedures undertaken to make my operation and subsequent recuperative therapy a success.

Signature.....

Date.....

### **Witnessed by:**

#### **Next of Kin:**

Name: .....Sign.....

Name: .....Sign.....

#### **Operating personnel**

Doctor.....Sign.....

Assisted by..... Sign.....

#### **Running nurse**

Name.....sign.....

Name.....sign.....