

MEDICAL RECORD**ADDENDUM TO GENERAL ADMISSION CONSENT****AUTHORIZATIONS FOR MINORS/CERTIFICATIONS BY LEGAL GUARDIANS AND INTERPRETERS**

NOTE: This form (NIH-1225-2) and the respective consents/certifications are void unless attached to a properly completed form NIH-1225-2

PATIENT	NAME (Last, first, middle)					
TRAVEL/	The consents listed below for travel and/or leave are to be signed only by PARENT or LEGAL GUARDIAN. They are to be completed for each person UNDER EIGHTEEN YEARS OF AGE who is admitted to the Clinical Center.					
LEAVE	TRAVEL: In the event of the absence of patient's parent or legal guardian, I hereby give consent for the above named patient to travel alone when discharged from the Clinical Center.					
CONSENTS	LEAVE: At the discretion of the attending physician, I hereby give consent for the above named patient to be issued passes to leave the Clinical Center, NIH, for periods not to exceed 12 hours, unless prior clearance is given by me for a longer period, for each such pass					
	<table border="0"> <tr> <td>_____ SIGNATURE (Parent or Legal Guardian)</td> <td>_____ Relationship</td> <td>_____ Date</td> </tr> </table>	_____ SIGNATURE (Parent or Legal Guardian)	_____ Relationship	_____ Date		
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INTERPRETER	I have translated to the best of my ability all items on the General Admission Consent Form (NIH-1225-1) and those listed above on this NIH-1225-2. I have also asked and translated ALL questions and answers asked of me by the Clinical Center Staff and the patient to the best of my ability					
CERTIFICATION	<table border="0"> <tr> <td>_____ SIGNATURE</td> <td>_____ DATE</td> </tr> <tr> <td>_____ ADDRESS (Street, City, State, Country)</td> <td>_____ ZIP CODE</td> <td>_____ TELEPHONE NO. (Area Code)</td> </tr> </table>	_____ SIGNATURE	_____ DATE	_____ ADDRESS (Street, City, State, Country)	_____ ZIP CODE	_____ TELEPHONE NO. (Area Code)
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LEGAL	I, _____, am the parent or legal guardian of the above named patient. In case of emergency I can be reached at the following address or telephoned at the following number					
GUARDIAN	<table border="0"> <tr> <td>_____ SIGNATURE</td> <td>_____ DATE</td> </tr> </table>	_____ SIGNATURE	_____ DATE			
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Patient Identification

**ADDENDUM TO GENERAL ADMISSION CONSENT
NIH-1225-2 (9-87)**

P.A. 09-25-0099