

STATEMENT TO BE COMPLETED BY PARENT OR GUARDIAN WHERE A CHILD IS BEING ADMITTED OR COMMITTED TO THE CARE OF THE STATE CHILDREN DEPARTMENT

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CHILD'S NAME *Marie Maureen Jones* Date of Birth **REDACTED**  
Where born *Emerald* Where birth registered *Emerald*

1. Has the child been Baptised? *Yes* (a) When? *March 1963*  
(b) If so, where? *St. Patrick's Church, Emerald* (c) In what religion? *R. Catholic*  
*Confirmed 1965 - St. Joseph's Cathedral, Roma*  
If the child has not been baptised, the form of consent hereunder to be completed if the parent raises no objection.  
(d) Father's religion (where child is legitimate) *R. Catholic*  
(e) Mother's religion *Presbyterian*  
(f) Religion in which the child has been reared *R. Catholic*

2. Has the child been immunised against—  
(a) Diphtheria *Yes* When? }  
(b) Whooping Cough *Yes* When? } *Dr. Hignett, Roma 1964*  
(c) Tetanus *Yes* When? }  
(d) Poliomyelitis *Yes* When? }  
*Smallpox - 1962 - Roma Dr. Hignett*  
If the child has not been immunised the consent form hereunder must be completed.

3. Has the child ever suffered any serious illness or from measles, mumps, whooping cough, chicken pox, and any operation.  
If so, state nature of complaint: *No*

4. Has the child been residing with any persons suffering from an infectious or contagious disease (e.g. T.B.)? If so, state nature of complaint:  
*No*

The above information is true and correct to the best of my knowledge and belief.

- \* I consent to the abovenamed child being immunised against diphtheria, whooping cough, tetanus and poliomyelitis and being given any booster injections required in connection therewith.
- \* I consent to the child being baptised in the.....faith.
- \* I consent to the child undergoing any operations and receiving any anaesthetics considered necessary by a legally qualified medical practitioner.

(Signed) X. *Audrey R Jones*

Date *14<sup>th</sup> April, 1966*

\* Delete where not applicable