



How you want to be treated.

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- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Holy Family Hospital | St. Vincent's Hospitals: |
| <input type="checkbox"/> Mount Saint Joseph Hospital | <input type="checkbox"/> Brock Fahrni |
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I also grant permission for my name to be released in connection with these materials. ☐ Yes ☐ No

Name of Person Consenting (please print)

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Signature of Person Consenting (or his/her parent or legal guardian)

Witness Signature (PHC representative)

Location (Hospital / Unit)

Witness Name & Department (please print)

Media Reference