

## Use Consent Form

Name: \_\_\_\_\_

(Registration No. \_\_\_\_\_ )

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (year/month/date)

I acknowledge that I have read and fully understood the contents of the “Guide for Users” and “Notice regarding Establishment of Isolation Room,” and agree to use the Nursery Room for Sick Children in accordance with the rules stipulated in the two documents mentioned above. (Check appropriate box.)

I consent to the above statement for this and future uses.

I consent to the above statement for this use.

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (year/month/date)

Parent's name: \_\_\_\_\_