

Affidavit for Food and Fluid Intake and Medical Condition for Child

I hereby certify that I have followed the written "Pre-op Instructions" provided and discussed with Dr. Laura Matsunaga regarding food and drink intake.

My child has not ingested any food or non-clear beverages within the immediate past 8 hours prior to this appointment.

My child has not ingested any clear liquids (i.e. water and apple juice) within the immediate past 4 hours prior to this appointment.

I also certify that I have disclosed all of my child's medical conditions in the written "Medical History".

I also certify that my child is currently in good health and free of coughing and congestion related to a cold or flu.

Signature of Parent or Legal Guardian

Date