**CIRCUMCISION CONSENT FORM**

The informed consent process should be considered an important conversation between you and your health care provider. This procedure specific consent form has been written in lay terms and should convey to you the risks, benefits, alternatives as well as complications that could occur with your intended procedure. Reviewing this form will tell you what you can expect from receiving this treatment and/or procedure. The end of this form allows you and your doctor to attest that all questions have been answered to your satisfaction and that you the patient are giving informed consent to proceed with the treatment/procedure. You are advised to read this form carefully and use this opportunity as an information seeking session on the treatment/procedure you are about to undergo. If, after you have read and reviewed this form with your doctor, you do not believe that you truly understand the risk, benefits, and alternatives associated with the procedure do not sign the form until all your questions have been answered.

I agree to allow Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to perform an elective circumcision on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (name of child). This is a procedure that involves the removal of the normal male foreskin. Local anesthesia will be administered and the foreskin removed by using the appropriate clamp.

I understand that there are risks and complications associated with this procedure and that these risks and complications are rare. They include but are not limited to bleeding or infection. I understand that if my child does not urinate normally within six to eight hours after the circumcision, I am to contact the above physician.

I understand that if such complications occur, my child may need to undergo additional medical procedures and/or be taken to the local hospital for continued care. I understand that in the course of this procedure it may become necessary to perform additional procedures which are not known to be needed at this time. I request that and hereby provide my informed consent to Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to perform such procedures at his/her discretion if needed during the procedure.

I confirm with my signature that: my physician has discussed the above information with me,

that I have had the chance to ask questions, that all of my questions have been answered to my satisfaction, and that I do hereby consent to the treatment described in this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of responsible party Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name Relationship

­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature Date

**Physician**

I confirm with my signature that I have discussed with the above-named child’s parent or guardian the risks, potential complications, and intended benefits of circumcision. The patient has had the opportunity to ask questions, all questions have been answered, and the parent or guardian has expressed understanding. Thus informed, the patient has requested that I perform a Circumcision on his/her child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician signature Date