

CONSENT FOR TREATMENT

I(parent name) have been informed the procedural details and complications for Circumcision on my son (patient name)

Dr Gera has explained me the risks (including risk of bleeding, infection, rare penile injury) of the procedure.....

.....

Signature of Medical practitioner **Date** **Time**

- I acknowledge that I have consented to the procedure/treatment as detailed above.
- I understand the explanation the doctor gave me as to need and benefit related to the above procedure.
- I understand the procedure carries some risks and complications may occur.
- I consent to local anaesthetic, medicines and other treatment which could be related to the procedure.
- I understand I am able to withdraw this consent at any time prior to commencement of the procedure.

I request and consent to the procedure/treatment described above.

.....

Parent/Guardian **Date**

.....

Name of the person responsible **Relationship**