



Consent for Elective Circumcision

I hereby request Dr. _____ or designee to perform a Circumcision (surgical removal of penis foreskin) on my son _____ (child's name).

I understand that the removal requires cutting the penis foreskin.

The risk, benefits, and alternatives to this procedure have been explained to me by _____. I understand that Circumcision is an elective surgical procedure and that there is a slight possibility of complications such as: excessive bleeding, infection, scarring or adhesions, damage to the glands, or excessive foreskin removal or separation.

There is no one in our immediate families with hemophilia, or any other type of bleeding tendency or disorder.

I have received satisfactory answers to my questions regarding this procedure.

Parent/Legal Guardian Signature

Parent/Legal Guardian Printed Name

Witness

The risks, benefits, and alternatives of Circumcision have been explained to me by:

Physician Signature

Date