

Parental Consent for Minor's Surgery

I, _____, declare that;

- I am the _____ (father/ mother) of _____, a minor, age _____, and I have full custody and control of the minor.
- The physician has determined that the operation or procedure listed below may be beneficial in the diagnosis or treatment of my child's condition.
Operation or procedure to be performed: _____
- I hereby consent to a procedure to be performed on the minor, on or around _____ (Date), by _____ (Physician).
- I hereby consent that preceding, during, and following the procedure, this physician may perform any other treatments deemed necessary or desirable in order to achieve the purposes specified above or to correct any unexpected complications the physician may encounter during the procedure.
- I hereby consent to the administration of any anesthetic that may be deemed necessary by this physician.
- I have been given the opportunity to ask questions about the benefits and risks of the treatment. I understand that no guarantees about results have been made.

I agree that I will thoroughly observe precautions given by my physician or his/her staff strictly, report on my child's process after the procedure, and agree to this contract for my child's treatments.

Name of Child

Parent's or Legal Guardian's Signature

Date