

Parental/Guardian Surgical Consent Form

Patient Name:

Date of Birth:

Parent/Guardian Name:

Relationship to Patient:

Surgical Procedure:

Name of Surgeon/Doctor:

I, the undersigned, hereby give my consent for the above named patient to undergo the surgical procedure indicated above. I confirm that I have been informed about the nature, purpose, risks, and benefits of the procedure.

Parent/Guardian Signature:

Date: