

Medical Procedure Consent Form

Patient Name: _____

Date of Birth: _____

Procedure: _____

Date of Procedure: _____

Consent Statement

As the parent or legal guardian of the above-named child, I understand that:

- The purpose of the procedure is to _____.
- The nature of the procedure involves _____.
- The risks associated with the procedure include (but are not limited to) _____.
- Alternatives to this procedure have been explained to me, including _____.

Agreement

I hereby give my consent for the medical procedure to be performed on my child, as described above.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Contact Information

Phone Number: _____

Email Address: _____