

Medical Procedure Consent Form

Date: _____

To Whom It May Concern,

I, the undersigned, am the parent/legal guardian of [**Child's Name**], born on [**Child's Date of Birth**]. I hereby give my consent for the following medical procedure to be performed on my child:

Procedure Name: _____

Reason for Procedure: _____

Expected Benefit: _____

I acknowledge that I have been informed of the nature of the procedure, its purpose, the risks and potential complications, as well as any alternative treatments. I have had the opportunity to ask questions and have received satisfactory answers.

I understand that I may withdraw my consent at any time prior to the procedure.

Parent/Guardian Name: _____

Signature: _____

Relationship to Minor: _____

Emergency Contact Number: _____

Physician's Name: _____

Date of Procedure: _____

Thank you for your attention to this matter.

Sincerely,

(Parent/Guardian Signature)