

Medical Procedure Consent Form for Pediatric Patients

Date: _____

To Whom It May Concern:

I, the undersigned, hereby give my permission for my child:

Child's Name: _____

Date of Birth: _____

to undergo the following medical procedure:

Procedure Name: _____

Scheduled Date: _____

I understand the purpose of the procedure and the risks involved, including but not limited to:

- Risk 1: _____
- Risk 2: _____
- Risk 3: _____

The expected benefits of the procedure have been explained to me, and I have had the opportunity to ask questions regarding the procedure.

I understand that I have the right to withdraw consent at any time prior to the procedure.

By signing below, I confirm that I consent to the medical procedure as described above.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Emergency Contact Number: _____