

Anesthesia Consent for Pediatric Patient

Date: _____

Patient Name: _____

Patient Date of Birth: _____

Procedure: _____

Physician/Anesthesiologist: _____

Consent for Anesthesia

I, the undersigned, the parent/legal guardian of the above-named patient, hereby authorize and consent to the administration of anesthesia.

Explanation of Anesthesia

The anesthesiologist has explained the type of anesthesia to be used, the purpose, and the potential risks involved.

Risks and Benefits

The benefits and risks of the anesthesia and the procedure have been discussed with me, and all my questions have been answered to my satisfaction.

Withdrawal of Consent

I understand that I can withdraw my consent prior to the administration of anesthesia without any compromise to the care of my child.

Signature

Parent/Guardian Name

Parent/Guardian Signature

Relationship to Patient