

Surgical Consent Form

Date: _____

Patient Name: _____

Date of Birth: _____

Guardian Name: _____

Guardian Contact Information: _____

Procedure Details

Type of Surgery: _____

Physician's Name: _____

Scheduled Date: _____

Consent Statement

I, the undersigned, hereby give my consent for the above-mentioned procedure to be performed on my child. I understand the nature of the procedure, the expected benefits, and the potential risks involved.

Risks and Benefits

Potential Risks: _____

Expected Benefits: _____

Post-Operative Care

I acknowledge that I have been informed about the post-operative care required for my child, and I agree to follow the provided instructions.

Signature

Guardian Signature: _____

Date: _____

Witness Signature: _____

Date: _____