

Parental Consent Form for Pediatric Surgery

Date: _____

To Whom It May Concern,

I, the undersigned, am the parent/legal guardian of:

Child's Full Name: _____

Date of Birth: _____

I hereby give my consent for the following surgical procedure to be performed on my child:

Procedure Name: _____

Date of Procedure: _____

I have been informed about the nature of the surgery, its risks, benefits, and alternatives. I understand the need for this procedure and have had the opportunity to ask questions regarding my child's condition and the procedure itself.

In case of any unforeseen circumstances, I also authorize the medical team to take necessary actions for the welfare of my child during the surgical procedure.

By signing this form, I confirm that I give my informed consent for the procedure as described above.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Emergency Contact Number: _____

Witness Name: _____

Witness Signature: _____