

Informed Consent for Minor Surgery in Pediatrics

Patient Information

Full Name of Patient:

Date of Birth:

Medical Record Number:

Parent/Guardian Information

Full Name of Parent/Guardian:

Relationship to Patient:

Contact Number:

Description of Proposed Procedure

Name of Procedure:

Reason for Procedure:

Risks and Benefits

Risks/Complications Discussed:

Possible Benefits:

Alternatives

Alternatives to Proposed Surgery:

Consequences of Not Performing Surgery:

Anesthesia

Type of Anesthesia Discussed:

Risks and Side Effects:

Questions

Questions asked by parent/guardian and answers provided:

Consent Statement

I hereby confirm that the above information has been explained to me, and all of my questions have been answered. I have had the opportunity to discuss the proposed procedure, its risks, benefits, alternatives, and consequences. I consent to proceed with the surgery as described above.

Parent/Guardian Signature:

Date:

Provider/Witness Signature:

Date: