

Parental Consent Form Sample for Minor Surgery

Download a comprehensive **parental consent form** sample designed specifically for minor surgery to ensure clear communication and legal compliance. This template helps parents understand the procedure details and provide informed authorization. Use it to safeguard both medical staff and families during the surgical process.

Sample Parental Consent Form

Minor's Information

Full Name of Minor:

Date of Birth:

Parent/Guardian Information

Full Name of Parent/Guardian:

Relationship to Minor:

Contact Number:

Surgical Procedure Details

Type of Procedure:

Date of Surgery:

Name of Physician:

Consent Statement

I, the undersigned, am the parent/legal guardian of the above-named minor and hereby give consent for the performance of the described minor surgery. I acknowledge that I have been informed of the nature, purpose, and possible risks of the procedure, and that I have had the opportunity to ask questions and receive satisfactory answers.

Authorization

Parent/Guardian Signature:

Date:

Submit Consent

Note: This is a template sample. Please consult your healthcare provider or legal advisor to ensure compliance with local laws and regulations.