

# Emergency Surgery Consent Form for Trauma Cases

An **emergency surgery consent form** for trauma cases ensures that patients or their guardians provide informed approval before urgent medical procedures. This form outlines critical information about the surgery, risks, and necessary authorizations to facilitate timely and effective treatment. It is essential for legal and ethical compliance in emergency medical situations.

## Patient Information

Patient Name:

Date of Birth:

Medical Record Number:

## Guardian/Legal Representative (If applicable)

Name:

Relationship to Patient:

Phone Number:

## Surgical Procedure Information

Indication for Emergency Surgery:

Proposed Procedure:

Treating Physician/Surgeon:

## Risks & Potential Complications

I understand that due to the nature of trauma and emergency circumstances, there may be unforeseen conditions requiring additional procedures or interventions. Risks may include, but are not limited to, infection, bleeding, injury to organs, anesthesia complications, or death.

Other specific risks explained (if any):

## Consent & Authorization

I hereby authorize Dr.  and their team to perform the emergency surgical procedure described above. I understand the necessity, risks, alternatives (if any), and urgency of this intervention.

I acknowledge that all questions regarding the treatment have been satisfactorily answered and that refusal or delay may result in serious harm or death.

Patient or Guardian Signature:

Date:

Witness Name & Signature:

Date:

Physician/Surgeon Signature:

Date: