

Pediatric Surgery Procedure Consent Form

The **pediatric surgery procedure consent form** is a crucial document that ensures parents or guardians are fully informed about the surgical process, risks, and benefits involved in their child's treatment. This form provides legal authorization for the surgeon to perform the procedure while prioritizing the child's safety and well-being. Proper understanding and consent help facilitate effective communication between healthcare providers and families.

Patient Information

Child's Full Name:

Date of Birth:

Parent/Guardian Name:

Relationship to Patient:

Procedure Details

Name of Procedure:

Brief Description of Procedure:

Potential Risks and Benefits

Risks (brief summary):

Benefits (brief summary):

Alternatives to Procedure

List any alternatives discussed:

Anesthesia Information

Type of anesthesia to be used:

Anesthesia risks discussed:

Consent and Authorization

I, the undersigned, confirm that I have read and understood the information regarding the above-mentioned surgical procedure for my child. I have been given the opportunity to ask questions and all my questions have been answered to my satisfaction.

I hereby give my consent for Dr. and their medical team to perform the procedure described above, including the administration of anesthesia, as necessary.

Parent/Guardian Signature:

Date:

Witness Name:

Witness Signature:

Date: