



CONSENT FORM FOR NEWBORN/INFANT CIRCUMCISION

Patient & Guardian Details

Patient Name: _____

Parent/Guardian A Name: _____

Parent/Guardian A Initials: _____

Parent/Guardian B Name (if applicable): _____

Parent/Guardian B Initials (if applicable): _____

PROCEDURE EXPLANATION

I understand that circumcision is a procedure involving the removal of the foreskin (the fold of skin covering the end of the penis). This procedure is often chosen for social, cultural, or religious reasons.

CLINICAL GUIDELINE NOTE: The Canadian Paediatric Society does not recommend the routine circumcision of every newborn male.

CONSENT AND ACKNOWLEDGEMENT OF RISKS

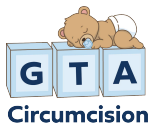
I acknowledge that the nature of circumcision, the expected benefits, and the consequences of not proceeding have been fully explained to me by the physician. I understand that there are risks and potential complications associated with this procedure.

A. MINOR SHORT-TERM PROBLEMS

- Pain associated with the procedure.
- Slight oozing or minor bleeding at the surgical site.
- Infection of the circumcision site or the tip of the penis.
- Adhesions which may require manual reduction or treatment with medication and manual traction.

B. LONG-TERM PROBLEMS (MAY REQUIRE REPAIR)

- Damage or narrowing of the urethra (the tube leading from the bladder to the skin).
- Scarring of the penis.
- Formation of adhesions/skin bridges/cicatrix potentially requiring surgical intervention.
- Unintended removal of the outer skin layer(s) of the penis.
- Too much or too little foreskin removed.
- Epidermal inclusion cyst.
- Suboptimal cosmetic or functional result.
- Need for revision circumcision.



C. SERIOUS/SEVERE PROBLEMS (VERY UNCOMMON)

- Life-threatening reaction to the local anesthetic injection.
- Significant/life-threatening bleeding potentially requiring surgical intervention and/or a blood transfusion.
- Life-threatening bacterial infection.
- Complete removal of the skin covering the shaft of the penis.
- Partial or full amputation of the tip of the penis.

INFORMED CONSENT CONFIRMATION

I (WE) CONFIRM that:

- I (we) understand the nature of the procedure.
- The benefits and risks of this procedure have been discussed and I (we) understand them.
- Alternative treatment options, including their risks and benefits, have been discussed and I (we) understand them.
- The risks and benefits of not pursuing this procedure have been discussed and I (we) understand them.
- The procedure is not medically necessary.
- I (we) consent to having this procedure performed, and I (we) am comfortable to proceed.

AUTHORITY TO CONSENT

By signing below, I (we) confirm that the person(s) signing has the full legal authority to provide consent for this child.

Please check the box that applies:

- One Guardian Signing:** I am the child's sole parent/legal guardian, OR I have obtained the full consent of any other parent/guardian to sign on their behalf.
- Two Guardians Signing:** We are the only two parents/legal guardians for this child, and we are both signing below.

Parent/Guardian A:

Parent/Guardian B (if applicable):

Signature: _____

Signature: _____

Date: _____

Date: _____

Time: _____(a.m./p.m.)

Time: _____(a.m./p.m.)

Physician Name (Print): _____ Date: _____

Physician Signature: _____ Time: _____ (a.m./p.m.)