

CONSENT OF PARENT TO PERFORM SURGERY ON MINOR CHILD

I, _____, *[insert name of parent giving consent]* declare as follows:

1. I am the _____ (Father/Mother) of _____ *[insert name of child]*, a minor, age _____ (____), born _____ *[insert birth date]*, and I have full custody and control of the minor.
2. I hereby consent to a surgical operation to be performed on the minor, on or about _____ *[insert date of surgery]*, by _____ (Surgeon).
3. The purpose of the operation is as follows: _____.
4. I hereby consent that preceding, during, and following the operation, the Surgeon may perform any other procedure deemed necessary or desirable in order to achieve the purposes specified above or to correct any unhealthy condition the Surgeon may encounter during the operation.

THIS IS A 2-PAGE FORM.