

**Central Pediatrics Consent for Circumcision of Infant**

1. Doctor \_\_\_\_\_ has explained to me:
  - a. The nature and character of the proposed circumcision (surgical removal of penile foreskin) procedure and alternatives to the procedure, including the option of not having the procedure performed. As stated in the 2012 American Academy of Pediatrics Circumcision Policy statement, "evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks."
  - b. The benefits of circumcision, including:
    - Slightly lower risk of urinary tract infection, particularly in the first year of life.
    - Lower risk of getting cancer of the penis, a very rare cancer occurring in 1 in 100,000 U.S. males.
    - Slightly lower risk of contracting sexually transmitted diseases (STD) including HIV (however, behavioral factors are far more important than circumcision status in the risk of contracting an STD).
    - Prevention of foreskin infections.
    - Prevention of Phimosis, the inability to fully retract the foreskin for adequate hygiene.
  - c. The possible risks or complications involved with circumcision, including:
    - Bleeding – less than 1% (if there is a history of easy bleeding in the family, please alert the staff).
    - Infection – less than 1%
    - Meatitis, inflammation of the top of the penis from friction on the diapers than can in some cases lead to narrowing of the urethra (meatal stenosis) that could require future surgery to correct.
    - Removal of too much or too little foreskin.
    - Adhesions (fibrous band from the head of the penis to the shaft).
  - d. That circumcision is an elective and irreversible procedure.
2. I have considered the benefits and risks of circumcision and I hereby give my consent for Doctor \_\_\_\_\_, assistants selected by him/her, and the clinic to circumcise my baby boy:
3. \_\_\_\_\_.
4. I consent to the administration and the use of local anesthetics and other drugs, the risks of which have been explained to me, during the circumcision procedure to reduce pain involved in the procedure.
5. I impose no specific limitations or prohibitions regarding the procedure other than the following:  
\_\_\_\_\_
6. I realize that during the course of the procedure, unforeseen circumstances may arise or conditions may be discovered which necessitate an extension of the planned procedure or the performance of other procedures. Therefore, I authorize the performance of such other process as the physician, in the exercise of his or her professional judgment, decides are necessary.
7. No guarantees have been made regarding the results of the procedure.
8. I have had sufficient opportunity to discuss the procedure to be performed with the physician, and all my questions have been answered to my satisfaction. I have adequate knowledge upon which to base an informed consent for the circumcision.

Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Relationship to the Patient

Date \_\_\_\_\_ Time \_\_\_\_\_

MD Printed Name \_\_\_\_\_