

Absent Parent Consent Circumcision

Date : _____

I, _____ parent of _____ request that
Dr. Chang, Dr. Pollock or Dr. Goldstein perform a circumcision on my son. I understand that the circumcision procedure is
to remove the foreskin from the glans of the penis.

In signing this form, I hereby voluntarily request and give my consent to the circumcision procedure on

_____ .

Parent's Name

Child's Name

Parent's Signature

Date of Signature