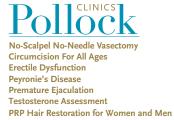
## **Absent Parent Consent**

## **Circumcision**



	Date:	
l,	parent of	request that
	. Goldstein perform a circumcision on my son	. I understand that the circumcision procedure is
In signing this form, I herel	by voluntarily request and give my consent to the	ne circumcision procedure on
Parent's Name		
Child's Name		
Parent's Signature		
Date of Signature		