

INFORMED CONSENT FORM

Signee,

The consenter (parent/guardian):

Address: ZIP code: Place:

states to be the father / mother / guardian * of:

Name born patient number:

and states to have parental custody / guardianship * of the boy.

**) cross out if not applicable*

The consenter states that he/she has specifically requested the doctor of Besnijdenis Centrum Nederland (BCN) to circumcise his/her son.

The consenter states that, in case parental custody/guardianship is shared with another parent/guardian, this parent/guardian agrees with this request and does not object to the circumcision. In this case, both parents/guardians must sign!

The consenter states that he has read the following:

- Circumcision is a medical procedure according to the Medical Treatment Agreement Act (MTAA).
- Like in every surgical procedure, there are risks on complications (i.e. bleeding, impeded wound healing, wound infection).
- In case the boy is over 6 months old, he will receive a sedative medication (Midazolam).
- If there are any complications, aftercare is provided by a doctor of BCN, available by phone.
- Said doctor is available to provide aftercare on the following times:
 - o Until 48 hours after the procedure: day and night;
 - o After 48 hours after the procedure: on weekdays between 8AM-5PM.
- Aftercare can only be provided in the clinic where the circumcision was performed. This means that, in case the boy needs aftercare, after consulting with the doctor, he should return to the clinic where the circumcision was performed.

Medical information of all of our patients is registered and kept following legal guidelines and retention periods. Check our website (General information → Privacy policy) for more information.

Place:

Date:

Signature father / guardian:

Signature mother / guardian:

Signature patient (in case over 12 years old):