



**CONSENT TO MEDICAL, DENTAL AND SURGICAL
INVASIVE PROCEDURES**

Facility: _____

Youth's Name: _____ **DOB:** _____

I request Dr. _____ and such associates and assistants as he/she may deem necessary
or direct to perform upon _____ the following procedure (s):

If during the course of the procedure (s), the discovery of unforeseen conditions requires, in the judgement of the persons described above, different procedure(s) than those planned, I authorize such different procedure(s) as are deemed appropriate.

I understand that no warranty or promise has been made to me regarding the outcome of the proposed procedure(s) or cure of any condition, and the risk presented by the proposed procedure(s), have been explained to me by Dr. _____, as have been the alternative to procedure(s) planned.

I consent to the administration of anesthesia and to the use of such anesthetic agents and as many other drugs as are deemed necessary and advisable, and understand that anesthesia and other drugs present additional risk and hazards.

I have been given an opportunity to ask questions about my, or the youth's condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedure(s) to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent. I have read, or have had read to me, this form and I understand its content.

If I change my address, I will keep the court informed regarding how to reach me in case of an emergency.

Parent/Guardian Signature

Relationship

Date and Time

Witness Signature

Date and Time

(If signed on behalf of patient, indicate relationship to patient and reason patient cannot sign form):

I have explained the matters indicated above relating to the operation and/or procedure(s) and the risks, consequences and alternative(s). The patient and/or authorized person indicated appear to understand and have consented to the procedure described.

Physician's Signature

Date and Time