

Name:  
  
PHN:

Date of birth:

Address:

# Consent to Treatment

I agree to have my son circumcised by Dr. Mark Greenberg. I affirm that I have read and understood the information on the doctor’s website regarding infant circumcision, the doctor has addressed any concerns and answered any questions I may have. I am aware of the risks and possible complications from the procedure, including by not limited to: bleeding, infection, removing too much or too little foreskin, and trauma to the head of the penis. I affirm that I am aware that, while rare, more serious complication may arise. I agree to follow the postoperative instructions as explained on the doctor’s website and as demonstrated to me following the procedure. I affirm that I am a citizen or permanent resident of Canada, or have a visa to work in Canada, or have been granted refugee status in Canada.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Name of Parent or Guardian (print)

\_\_\_\_\_  
Witness Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date