

# Absent Parent Consent

## Circumcision



77 Hunter Street East  
Hamilton, ON L8N 1M4

T: 289 389 3748  
gentleprocedureshamilton.ca

Date : \_\_\_\_\_

I, \_\_\_\_\_  
(Name and DOB)

parent of \_\_\_\_\_  
(Baby's Name and DOB)

after discussion with my spouse regarding the risks and benefits of circumcision hereby give my consent for my son to have a circumcision done by Dr. Emmanuel Kanu.

\_\_\_\_\_  
Signed on

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Witness Name