

*Dr. Steven Cusimano*

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RE: CONSENT FOR CIRCUMCISION PROCEDURE

Circumcision is a surgical medical procedure to remove the foreskin from the penis.

I acknowledge that I have read the attached handouts titled “Parent/Guardian Information About Newborn Circumcision” and “Recognized Risks and Post-Op Care of Circumcision” and fully understand the reasons, benefits, and risks of doing the procedure.

I understand and agree that there may be unforeseeable reasons why the procedure cannot proceed, and appropriate management will be discussed with the parents/legal guardians prior to proceeding.

I also understand the reason circumcision is done is to remove the foreskin and the outcome may not be a perfect cosmetically looking removal of foreskin.

I hereby give consent for the above procedure to be performed by Dr. S. Cusimano, MD.

Baby’s Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Consent of Parent/Legal Guardian – Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_