

Consent Form for Minor's Surgery (Procedure)

1. Patient (Person Undergoing Surgery)

Name : _____ (Signature)

Contact Number : _____

Date of Birth : _____

Address : _____

2. Guardian (Legal Representative)

Name : _____ (Signature)

Contact Number : _____

Relationship to Patient: _____

Date of Birth : _____

Address : _____

3. Details

1. I confirm that I have received sufficient explanation regarding the patient's condition, the surgery (procedure) to be performed, the nature and effects of anesthesia, and the potential risks and complications. I also confirm that there were no factors interfering with autonomous judgment during the consultation and at the time of consenting to the surgery (procedure).

2. As the patient's guardian, I delegate all authority regarding the surgical (procedural) process to the patient and confirm that I will fully cooperate with the attending physician's instructions and decisions.

3. I delegate to the patient the authority and responsibility to complete the surgical (procedural) consent form and to sign or stamp any required documents, as well as to agree to all procedures and processes necessary to undergo the surgery (procedure).

4. I acknowledge that this document has been fully explained to me or my legal representative, that all information has been provided truthfully, and that the signature of the legal representative (guardian) is valid and recognized.

Attached documents: A copy of the legal guardian's (or caregiver's) ID and a family relationship certificate.

If the patient is under 14 years old, the legal guardian must fill out the form.



Date: _____

Legal Guardian : _____ (Signature)