

CONSENT FOR NEWBORN CIRCUMCISION

I (We), parent(s) of baby boy _____ (last name, first name) request that Dr. James perform a circumcision on my (our) newborn son. I (We) understand that Dr. James is certified to perform religious circumcision (Brit Milah, aka Bris) by the Brit Milah Board of Reform Judaism (aka North American Mohalim, NOAM). This ceremony affirms our commitment to raise our child in the traditions of the Jewish people. This ceremony and procedure are being done for religious purposes.

I (We) understand that the procedure of circumcision is to remove the foreskin from the penis. An injectable anesthetic and surgical clamp will be used.

I (We) understand that the cosmetic appearance of the outcome is primarily dictated by the baby's anatomy and the healing process. Therefore, guarantees of the cosmetic outcome cannot be made.

I (We) understand that the risks of the procedure include the possibility of bleeding, infection, or damage to the penis or urethra, though all of these are rare. The risks of the injectable anesthesia include bruising, an allergic reaction, or inadequate numbing.

An alternative would be to circumcise the baby at a later date/location or to not circumcise the baby at all.

I have had the opportunity to discuss the procedure with and ask Dr. James questions. In signing this form, I (we) acknowledge that I (we) have read this form, understood its contents, and voluntarily consent to the performance of circumcision for our son.

Signature Parent #1	Signature Parent #2
Date + Time	Date + Time

Signature Mohel

Date + Time