



Consent for Anesthesia for Child

Patient's Name: _____ DOB: _____

The following information is provided to inform you of the choices, risks, and benefits involved with having treatment under general anesthesia (this includes sedation — conscious and deep — and general anesthesia — asleep and unconscious).

I, _____, hereby authorize Life Guard Anesthesia or its agents to perform the anesthesia procedure as previously explained to me and any other procedure deemed necessary or advisable as an adjunct to the planned anesthetic procedure. I consent to the administration of such anesthetic(s) by any route deemed suitable by the anesthesiologist. I understand that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia and that this is an independent function from the operation.

I understand that there are potential complications associated with the administration of anesthetic drugs including, but not limited to, pain, hematoma, phlebitis, numbness, swelling, bleeding, bruising, nausea, vomiting, and allergic reaction. I further understand that complications may require hospitalization and could result in death.

I understand that anesthetics, medications, and other drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of a suspected or confirmed pregnancy with the understanding that this will result in the postponement of the procedure. For the same reasons, I understand that I must inform the anesthesiologist if I am a nursing mother.

I have been fully advised of the planned anesthetic and accept the potential risks and dangers. I acknowledge that I have had the opportunity to ask questions about my anesthetic, and I am satisfied with the information provided to me.

I have been advised that this patient is not to have drunk anything for 2 hours and has not eaten or drunk milk for 6 hours. Initial _____

Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____

Anesthesia: _____ Date: _____