

REQUEST AND CONSENT FOR NEWBORN RITUAL CIRCUMCISION

I (We), parent(s) of baby boy _____ request that Dr. Alison Tothy perform a ritual circumcision for our newborn son. This ceremony affirms our commitment to raise our child in the traditions of the Jewish people.

I (We) understand that the procedure of circumcision is to remove the foreskin from the glans of the penis.

I (We) understand that the risks of the procedure include, but are not limited to the following:

Common problems

1. Slight bleeding at the surgical site
2. Irritation of the tip of the penis from contact with stool or urine

Rare problems

1. Infection of the surgical site
2. Unintended removal of the outer skin layer (or layers) of the penis
3. Damage to the urethra or the glans (head of the penis)
4. Significant bleeding requiring prolonged pressure or a stitch
5. Healing issues including scarring, adhesions, skin bridges, cysts, trapped (buried) penis, or narrowing of the remaining foreskin

I (We) understand that the baby will receive a local anesthetic injection prior to the circumcision. Rarely this may result in bruising, an allergic reaction to the anesthetic drug, or inadequate numbing of the area.

In addition, I (we) understand that there are variations in anatomy in an infant, and the amount of foreskin to be removed is a judgment made by the mohelet at the time of the procedure. In order to ensure the safety of the procedure it is sometimes necessary to remove less foreskin, which may result in some unevenness or a variable amount of foreskin left behind. These cosmetic issues are not damaging to the baby in any way, and usually improve with time. I understand that it is impossible for Dr. Tothy to inform me of all the potential complications that may occur.

I (We) have had the opportunity to discuss the procedure with Dr. Tothy, who has answered all questions to my (our) satisfaction.

I (We) understand that this procedure is being done for a religious purpose, and that a medical alternative would be to not circumcise the baby.

In signing this form, I (we) acknowledge that I (we) have read this form and understand its contents. I (we) hereby voluntarily request and consent to the performance of ritual circumcision.

Signature of Parent

Date _____

Signature of Parent

Date _____

Signature of Mohelet

Date _____