

**Statement of the Interpreter (where appropriate)**

I have interpreted the information above to the child and his parents to the best of my ability and in a way in which I believe they can understand.

Signature:

Date:

Name (Print):

Contact Number:

Address:

**Confirmation of consent (to be completed by the health professional if the parent(s)/child have signed the form in advance).**

I have confirmed with the child and his parent(s) that they have no further questions and wish to go ahead with circumcision.

Signature:

Date:

Name (Print):

**Parents Details:**

Father's name: Saban Ali Ofraz

Mother's name: Rabia ofraz

Telephones: 07474356275

Mobile: 07474356245

Child's GP's details:

Weight of your son: 09 Kg

Sid Valley Practice Beacon Medical Centre