

The anesthesiologist has explained to me the anesthesia care plan for my child. I have asked the anesthesiologist the questions that I have regarding my child's anesthesia care plan and all of my questions have been answered. By signing below, I give permission for my child to be given anesthesia care at Phoenix Children's Hospital (PCH) and agree that the following topics were discussed with me:

- The anesthesia choices, plan, and expected results for my child, including the possibility that the anesthesia plan may change during the procedure.
- The benefits and risks of using anesthesia and the alternatives, if any, to using anesthesia.
- That all types of anesthesia have some risks.
- Precautions taken to manage and reduce the risks of anesthesia.
- Monitoring techniques, including invasive techniques, that may be required.
- The plan to take care of my child's pain after the procedure.
- I give permission for physicians, nurses, medical students, and other individuals who are participating in an educational process approved by the hospital to be present and/or participate during the operation(s)/procedures(s).
- Some but not all of the more common risks and side effects of anesthesia include drowsiness, agitation, confusion, nausea, vomiting, shivering, headache, bleeding, bruising, damage to the teeth and sore throat.
- Rarely, serious anesthesia complications occur. In this event, an unplanned or extended hospital stay may be required to care for your child. Some of these serious anesthesia complications include memory or awareness of surgery, drug reaction, infection, seizure, nerve or spinal cord injury, paralysis, brain damage, cardiac arrest, coma, or death.

Anticipated type of anesthesia and associated procedures

 General
 Other

SIGNATURES

I understand the anesthesia plan for my child and the risks, benefits, alternatives, and expected results of anesthesia. I consent to my child being given the anesthesia care that was discussed with me.

 Signature of Patient/ Patient's Legally Authorized Representative

 Date

 Time

 Printed Name of Patient/ Patient's Legally Authorized Representative

 Relationship to Patient

 Witness Signature

 Witness' Printed Name

 Date

 Time

(I have explained the above anesthesia care, including the risks, benefits, alternatives, and expected results, to the patient patient/patient's legally authorized representative named above and answered all questions to his/her apparent satisfaction.)

 Practitioner Signature

 Practitioner Printed Name

 Date

 Time

 Interpreter Signature/Telephonic ID Number

 Interpreter's Printed Name

 Date

 Time
