

## Circumcision

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

As of August 1, 2005, Medicaid of Idaho will no longer pay for circumcisions, as it is an elective surgical procedure. The parent(s) will now be responsible for the cost of this procedure. Payment will be expected in full before the procedure.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Circumcision is an elective surgical procedure and therefore you, as a parent(s), must decide if you want it done on your son. The procedure consists of pushing back and then cutting off the skin (foreskin) covering the penis. The exact amount of skin and the technique used differs with each physician. The circumcision is usually done before your son goes home from the hospital but it may be delayed several weeks without problems. As with any surgical procedure, no guarantees can be made.

The reasons for doing or not doing a circumcision are the risks of the procedure (including pain, bleeding, infection, and removing too little or too much of the skin). Usually these complications are easily managed.

I have read the above explanation and hereby give permission for my son to be circumcised by:

Provider Name: \_\_\_\_\_

To my knowledge, a history of blood disorders [ ] are [ ] are not known in my family.

\_\_\_\_\_  
Parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Witness

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