

Consent to perform oral suction during circumcision

Printed first and last name of individual performing
circumcision: _____

Date of infant's birth (month/day/year): _____

I understand that direct oral suction will be performed on my child and that the New York City Department of Health and Mental Hygiene advises parents that direct oral suction should not be performed because it exposes an infant to the risk of transmission of herpes simplex virus infection, which may result in brain damage or death.

Printed first and last name of parent: _____

Signature of parent: _____

Date of signature (month/day/year): _____

A copy of this signed consent form shall be provided to the parent or legal guardian of the infant.

