



## CONSENT FOR ANESTHESIA ADMINISTRATION

Client: \_\_\_\_\_ Date: \_\_\_\_\_

### ACKNOWLEDGEMENT

I understand that I will be receiving Anesthesia and my Anesthesiologist will use their best judgment in my care providing this anesthetic. Anesthesia risks and dangers are rare but can be life threatening. Risks range from minor irritation at the insertion site of the Intravenous insertion all the way up to death. Although uncommon, adverse drug reactions, damage to the throat, teeth, vocal cords, or dental work, do rarely occur. I am aware that the practice of Anesthesia and Medicine is not an exact science and that no guarantee or assurance can be made as to the results that may occur.

*I have read the above, my questions have been answered, and I consent to the Administration of Anesthesia.*

\_\_\_\_\_  
Name of Parent/Guardian (Please print full name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Client (please include phone number of Parent/Guardian in case of emergency)

\_\_\_\_\_  
Witness Signature & Print Full Name